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Psychology Internship Program

VA Bedford Healthcare System

Psychology Training Program (116B)
200 Springs Road
Bedford, Massachusetts, 01730
(781) 687-2000, ext. 2378
<http://www.bedford.va.gov>

MATCH Number: 1322
Applications due: November 5

Accreditation Status

The doctoral internship at **VA Bedford HCS (Edith Nourse Rogers Memorial Veterans Hospital)** is accredited by the Commission on Accreditation of the American Psychological Association. The program recently had a re-accreditation site visit in May of 2021 and received the full allowable period of accreditation (ten years, through 2031), as the program has in each of its prior site visits since 1995. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Psychology Setting

The Psychology Training Program at VA Bedford (Edith Nourse Rogers Memorial Veterans Hospital (ENRM)) is a component of the Psychology Service, which employs 41 psychologists along with a large number of associated staff. The Training Program offers three tracks of training in clinical psychology: postdoctoral training involving a full-time yearlong APA-accredited Clinical Psychology residency and a two-year APA-accredited Clinical Neuropsychology residency; a full-time yearlong APA-accredited doctoral internship; and a part-time (20-25 hour/week) practicum for 10 months. The training program has 11 postdoctoral residents, 11 doctoral interns, and 13 practicum students for the 2022-2023 training year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.



Psychologists are involved in a range of leadership positions around the hospital, many of whom are program directors within their respective areas. Staff areas of expertise are broad, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, empirically supported treatments, and posttraumatic stress disorder (PTSD). Regarding the practice of psychosocial rehabilitation, a number of Psychology Service-run programs have received national awards for innovation. In addition,

many staff are involved with research activities. A number of psychology service staff members are involved in research through the Psychology Service Mental Illness Research, Education, and Clinical Center (MIRECC). Psychology Service and the training program are academically affiliated with the Boston University School of Medicine, where a number of ENRM psychologists hold faculty appointments. Staff psychologists are also active in a range of outside teaching and research at surrounding universities.

The Psychology Service is fully committed to creating, maintaining, and advancing an environment of multicultural understanding and sensitivity. In 2005, the hospital was awarded first place in the Under Secretary for Health Diversity Awards Program. Psychology Service led this multi-focused effort to enhance hospital-wide competence regarding diversity. Psychology Service devotes considerable training for both staff and students to deepen our collective understanding of the objectives, issues, and challenges inherent in pursuing a culture and an environment of mutual understanding and respect. The training program presents a numerous seminars and dialogues for psychology students over the training year to best address these issues. During the first three weeks of the training year, all psychology students participate in five 3.5-hour workshops on diversity, incorporating discussions on contemporary research and theory as well as experiential activities. This initial immersion in multicultural training and dialogue with one's peers establishes the foundation of multicultural competence as a key component and expectation of the training program. Following these initial workshops, four training psychologists participate in presenting a twice monthly seminar on diversity, particularly addressing issues of gender, power, and privilege. Content addressed in these larger venues are then able to be further processed within the context of individual supervision. Overall, the program continually strives to provide a personally inviting and professionally relevant environment whereby a range of important, challenging, and poignant issues can be openly explored and addressed, with the aim of increasing our collective awareness, understanding and informed actions.

The psychology training program operates within the context of a VA hospital that is committed to safeguarding and promoting individual rights. Towards these ends, the hospital has outlined and follows a broad range of written procedures, policies and guidelines that promote respect of individual rights as well as support staff and student diversity. Memos pertaining to a range of such policies can be found on the hospital's intranet (<https://dvagov.sharepoint.com/sites/VHABEDIntranet/SitePages/Home.aspx>) which include, for example, policies and program information regarding the hospital's Equal Employment Opportunity program, the process to pursue reasonable accommodation for individuals with a disability, guidelines for the prevention of sexual harassment, and alternative dispute resolution and grievance policies and procedures.

Training During and Post-Pandemic

When the COVID-19 pandemic began to unfold during the middle of the training year in March 2020, the program quickly adapted to a remote training and clinical model. Over time, we have refined our training structure to effectively include both remote and face-to-face training and clinical venues. Our expectation for the 2023-2024 training year is that clinical training will largely take place on-site. However, even with our staff and students largely on-site, we expect a significant proportion of our clinical work will involve remote venues. That is, given the tremendous expansion of telehealth services for our Veteran population, many Veterans will continue to choose remote services, particularly remote mental health treatment, now that this has become a familiar option for much of our population.

The Psychology Service and the training program now have the experience and the resources to quickly adapt to any change in circumstances. Consequently, should COVID parameters change (due to elusive variants, rising infecting rate, etc.), the program would be able to effectively pivot to a remote training and clinical structure. Responding to the pandemic has necessitated the development and actualization of a viable remote training context, which the program can now draw upon, to whatever degree might be necessary, over the course of the upcoming training year.

Training Model and Program Philosophy

The educational philosophy of the Psychology Service training program is scholar-practitioner. Psychological scientific data, empirically derived clinical findings, and the theoretical underpinnings of human functioning are each integrated within all aspects of internship training. The program incorporates these psychology domains through supervision, didactic training, and the manner of clinical conceptualization and intervention methodology practiced. Throughout the training, interns are expected to apply empirical findings and clinical theory to their work and to critically evaluate the various clinical methodologies to which they are exposed. Similarly, interns are welcome to actively participate in research and to use such findings to inform their clinical activities.

Additionally, the program values:

- development of critical thinking and the ability to understand diverse theoretical perspectives
- flexibility and independence with regard to professional behaviors
- clinical sensitivity, empathy, and respect in all aspects of interpersonal interaction
- self-awareness and multicultural competency

The internship seeks to facilitate professional development in accord with these values and it recognizes that a training philosophy incorporating psychological science, applied research, and clinical theory forms the foundation for such development.

Program Aims & Objectives

The primary aim of the internship program is to prepare interns to function effectively across a range of postdoctoral and entry-level health service psychology settings, particularly in VA medical centers.

A secondary aim, while still maintaining this generalist training, is upon developing a particular knowledge/skill base associated with one particular clinical area, thereby providing preparation for subsequent professional activities and/or postdoctoral training in a particular area of interest. As will be discussed below, the intern is assigned (on the basis of the intern's ranking of programs via the national computer match) to one of the six following primary rotations: neuropsychology, primary care behavioral health, psychosocial rehabilitation, geropsychology, outpatient psychotherapy, or addiction & recovery .

The specific competencies expected of the intern are listed in the below section, "Intern Evaluation and Expected Competencies", which largely parallel the professional-wide competencies outlined in the 2017 APA Standards of Accreditation. In addition, the program has program-specific competencies associated with each primary rotation, which each particular intern is expected to meet. These competencies are listed as the "learning objectives" under the description for each primary rotation.

Over the course of the training year, the program strives to continually facilitate integration of the intern's self-awareness and unique personhood with evidence-based professional practice. That is, the program aspires to provide a supportive yet challenging context for the intern to integrate clinical theory and empirical evidence within a continuous process of self-reflection, self-understanding and deepening self-awareness.

Throughout the training year, the intern is taught to understand the larger systems (e.g. hospital, VA, health care) in which service is provided and to anticipate and function effectively over time within changing environments. Additionally, the intern learns about the role of a psychologist across diverse professional contexts and learns how to function effectively as a member of an interprofessional team.

Each rotation has a set of target clinical/professional experiences and learning objectives. The target experiences provide the experiential foundation for the particular learning objectives to be achieved. That is, for each rotation, specific learning objectives are achieved through direct clinical experience, active involvement within various organizational and clinical contexts, supervision, and didactic-oriented training. For all interns, across all rotations, the demonstration of expected knowledge and skills over the course of the training year is assessed via an evaluation form covering the nine profession-wide competency areas noted above. Consequently, while rotation-specific learning objectives reflect the somewhat unique nature of knowledge and skills in a particular area (akin to the “surface structure”) of clinical practice, the program expects (and evaluates) the level of achievement of the broader profession-wide competencies across all rotations (“deep structure”). As noted above, the program also expects interns to achieve, as a program-specific competency, a level of specific knowledge and skill associated with their primary rotation (which is measured by a secondary evaluation form unique to each primary rotation).

Although the internship program is fairly rigorous, the program values flexibility in each intern’s training, thereby taking advantage of the particular interests of the intern as well as the wealth of opportunities available for training at VA Bedford HCS. Accordingly, each intern’s training experience is somewhat unique to that particular student, reflecting the varied options to address individualized interests, needs and learning objectives.

Each intern is assigned a preceptor at the beginning of the year. Preceptors are typically the primary supervisor on the intern’s specialty rotation. Preceptors, in addition to their clinical supervisory role, also attend to other areas of professional and personal functioning, such as professional interests and development, career preparation, overall goals and progress on the internship, and personal issues influencing professional work. Interns are afforded ample time at the beginning of the year to meet with their preceptor, as well as their other supervisors, to discuss the intern’s needs and interests. The preceptor continues to meet regularly with the intern to ensure that his or her training goals are being met.

Program Structure

Clinical training is flexible, having two required core rotations, Assessment & Acute Psychopathology and Psychotherapy, as well as one primary rotation. The primary rotation is chosen (via the national computer match) from one of the following six clinical areas: Neuropsychology, Geropsychology, Psychosocial Rehabilitation, Outpatient Treatment, Addiction & Recovery, and Primary Care Behavioral Health.

Additional training is also offered in clinical research. This optional training experience is flexible and usually involves between one and two hours of weekly activity, on average, depending upon the interns interests and availability as well as nature of the particular research project.

All three rotations (i.e., a primary rotation, the assessment & acute psychopathology rotation, and the psychotherapy rotation) run concurrently throughout the year. This training structure provides the intern an opportunity to deepen their understanding, skills and practice in each of these areas of professional activity and practice. On a weekly basis, the primary rotation usually consists of approximately sixteen hours (20 hours for the neuropsychology primary rotation). The psychotherapy rotation consists of approximately twelve hours and the assessment rotation approximately eight hours.

Each rotation draws on the rich array of resources offered at the medical center and specialized staff to support professional training. Typically, multiple sites are combined to support a particular primary rotation, providing a diverse range of clinical situations, patients, and professional contexts in which the intern can develop confidence and proficiencies. Additionally, collegial interaction on an interprofessional team is a highly valued component of training. All clinical services, inpatient and outpatient, are built around the team treatment model, allowing psychology interns to work directly with staff and trainees from psychiatry, social work, nursing, and psychosocial rehabilitation on a regular basis.

SUPERVISION AND PRECEPTORSHIP

A minimum of 3.5 hours of formally scheduled individual supervision is provided for interns each week. Typically, additional supervisory sessions and supervisor contact, as needed, supplement this total. Interns also participate in a weekly group supervision session facilitated by a senior psychologist focusing on the nature and dynamics of group psychotherapy and group process. The Psychology Service staff provides this core of clinical supervision. Other clinical staff may also provide additional supervision or consultation for particular aspects of training.

As noted above, each intern is assigned a preceptor, who is typically a clinical supervisor on the primary rotation. In addition to clinical supervision, interns regularly meet with their preceptor over the course of the year to explore professional development issues. In addition, all other assigned supervisors may also periodically engage in precepting activities for the intern, thereby taking advantage of the varied professional backgrounds of each of the intern's supervisors.

SEMINARS

The internship offers a number of didactic opportunities in which interns participate. All interns attend a series of special seminars presented early in the training year, which cover a range of topics such as evaluation of dangerousness to self and others, military culture, the psychosocial rehabilitation model, and assessment and treatment of PTSD.

As noted earlier, all psychology students participate in five 3.5-hour workshops on diversity, incorporating discussions on contemporary research and theory as well as experiential activities. Following this intensive training, interns along with practicum students attend a biweekly didactic diversity seminar, presented by various staff psychologists with particular expertise in multicultural issues pertinent to various areas of clinical practice (e.g., racial identity models and their application to psychotherapy; LGBT-affirmative psychotherapy; cultural self-assessment).

All interns also participate in a biweekly supervision seminar in which they discuss key elements of the supervisory as well as present on their clinical cases with consultative input and feedback from their peers. This format allows students to practice providing clinically-relevant feedback and perspectives, paralleling the work of a supervisory psychologist, in a context of one's internship peers.

Interns participate in a monthly ethics seminar facilitated by two psychologists (one with a background in law), addressing a range of issues relevant to work as a psychologist and within the VA. Interns also participate in a bimonthly conversation with the director of training regarding professional development issues and programmatic/administrative issues. Lastly, four times over the course of the training year, interns participate in a professional development seminar facilitated by various training committee psychologists on topics particularly relevant to the cohort (e.g., how to pursue a postdoctoral residency, preparing for licensure, etc.).

Special intensive clinical trainings in evidence-based psychotherapies (EBPs) occur each year in the fall. Specifically, there are three-day trainings in CBT-I for insomnia, ACT for depression, Cognitive Processing Therapy for PTSD, Integrated Behavioral Couples Therapy, CBT for substance use, DBT, and CBT for psychosis. Following these intensive trainings, there are weekly consultation groups facilitated by staff with expertise in these EBPs for all students who have taken the training. Interns typically choose one of these modalities in which to participate for the training year.

In addition to EBP training and ongoing weekly group supervision, there is an optional yearlong training focusing on mindfulness. This training incorporates experiential learning and practice, along with theoretical presentations and discussions on clinical application.

Hospital-wide psychiatry grand rounds as well as weekly geriatrics and extended care grand rounds occur over the course of the year. Grand round presentations feature a range of well-known professionals from the greater Boston area.

INTERN EVALUATION AND EXPECTED COMPETENCIES

At the start of the training year, all interns and their supervisors review the intern's current competencies as well as interests and goals for the training year. Regarding the former, a Graduated Levels of Responsibility form (GLoR) is completed with all assigned clinical supervisor for each intern. In the process, the intern's expected clinical activities are reviewed, and the intern is assigned a level of responsibility commensurate with their level of competency. This determination of the intern's level of competency is made in light of the intern's particular training level (e.g., doctoral internship) and present skill set. If the clinical activity in question comprises a new clinical context for the intern, a higher level of supervisory oversight may be selected. As necessary, the GLoR may be adjusted over the course of the year and appropriately updated.

At the beginning of the year, all clinical supervisors are given the intern's summary of their learning objectives (which was completed over the summer) to review with their supervisee. This provides a context to begin to dialogue about the intern's past training, current growth edges and particular clinical and professional interests at the start of the supervisory process. Interns and their supervisors are encouraged to periodically review these interests and growth edges as the year unfolds.

Individual supervisors (in addition to the intern's preceptor) continually evaluate the intern's progress toward the learning objectives. Routine monitoring of the intern's progress toward completing the target clinical and professional experiences determined to be necessary to achieve the objectives enhances the evaluation process. In addition, supervisors are also attuned to the interests and experiences of each of their interns. Towards this end (in December), each intern's supervisory team meet with the intern to discuss the intern's overall experience in the program. Consequently, all supervisors from each of the three rotations participate in this meeting. Within the meeting, supervisors share their observations of the intern's work and professional functioning to date and discuss how best to help the intern achieve their training goals. This meeting also allows for an opportunity to hear from the intern regarding their experience to date and whether their goals and aspirations for the internship are being met.

In relatively infrequent instances where the intern's work and/or professional functioning in some regard is perceived to be problematic or potentially so, the meeting will focus on how best to structure the intern's training to best address and resolve those issues. In those infrequent instances where there is some particularly salient issue, the intern will typically be given an opportunity to discuss this beforehand with the relevant supervisor(s) and their preceptor. A primary goal of the meeting is for the training committee members associated with each intern's training to develop a good initial understanding of the student and for the intern to have an opportunity to articulate their training experience to date and particular interests and goals. Generally, interns experience this meeting as a validation of their professional functioning and skills and appreciate having their supervisors meet as a group to foster an optimal internship training experience for them.

Formal evaluation of each intern's performance occurs three times over the training year: at four months, eight months, and at the completion of training. For these evaluation periods, each intern's supervisor completes a comprehensive trainee competency rating form, which is derived from the 2017 APA Standards of Accreditation nine profession-wide competency areas. The same form is used for each of the three evaluation periods, and the form is used by training program supervisors for rating both intern and postdoctoral resident performance. As noted above, the items on the comprehensive evaluation form encompass the more rotation-specific learning objectives associated with each of the rotations. Additionally, the secondary aim of the program is to develop knowledge and skill related to the particular focus area associated with one of the six primary rotations. Consequently, an additional shorter

evaluation form encompassing each primary rotation's set of learning objectives is included in the evaluation process for each intern's respective primary rotation.

Ratings representing satisfactory and acceptable performance prior to the completion of the internship (i.e., at the four- and eight-month marks) and at the end of the year are included within the comprehensive evaluation form. Similar criteria are used regarding the secondary primary rotation evaluation forms.

Expected Competencies in each of nine areas:

Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including VA Bedford), regional, or national level.
- Routinely utilizes the scientific literature in the conceptualization, planning and delivery of clinical services.

Ethical and Legal Standards (is knowledgeable of and acts in accordance with each of the following)

- The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
- Relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.

Individual and Cultural Diversity

- Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interactions with people different from oneself.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities including research, training, supervision/ consultation, and service.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training.

Professional Values, Attitudes, and Behaviors

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with more independence as they progress across levels of training.

Communication and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.

- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- Selects and applies assessment methods (including interview approaches) that draw from the best available empirical literature and are appropriate to the referral question
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Intervention

- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing outcome evaluation.

Consultation and Interprofessional Skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Supervision

- Demonstrates knowledge of supervision models and practices.
- Applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

PROGRAM RECORDS

The program permanently retains all records for each of the interns who has entered the program, such records necessarily include the intern's application file and a program file. The program file contains all evaluations of the intern as well as all intern-completed evaluation forms (regarding various aspects of the program and one's supervisors) from each evaluation period (i.e., 4-, 8-, and 12-month). When relevant, the program file will also contain any remediation-related documentation (such as a remedial plan and subsequent updates documenting intern progress toward expected outcomes).

Whenever a former intern may need the program to verify or document their internship training experience, the program will do so. Contacting the current Director of Training or the Psychology Service is all that is needed to facilitate this request

TRAINING EXPERIENCES

THE CORE ROTATIONS

PSYCHOTHERAPY

The full-year psychotherapy rotation takes place within the interprofessional Mental Health Clinic (MHC). Six interprofessional teams comprise the MHC, affording interns (along with psychology practicum students and postdoctoral residents) collaborative contact with clinicians from psychology, nursing, psychiatry, and social work. Two lead psychologists are administratively engaged in various aspects of the clinic, particularly psychology student work. All psychology interns, and most psychology practicum students and postdoctoral residents, train within the clinic, and a range of clinical supervisors support student training. Within this setting, interns are afforded an opportunity to engage a variety of Veterans in recovery-oriented, episodic, and goal-oriented individual and group psychotherapy. A range of psychological issues and severity are represented, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction.

Interns typically engage an average of four hours per week of psychotherapy, and carry a caseload of approximately four to six Veterans. All psychotherapy sessions within the clinic are video-recorded, and these recordings are utilized within the supervision process as a means of enhancing the learning process for the intern.

The MHC operates from an integrative, goal-focused and time-limited psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation perspective is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based psychotherapies (EBPs) is a key component of training and practice within the program.

In collaboration with one's supervisors, interns are encouraged to conceptualize clinical cases broadly and from more than one perspective, and they are similarly encouraged to implement interventions thoughtfully from relevant therapeutic schools to best meet the presented clinical needs of a Veteran. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral, cognitive processing, psychodynamic, humanistic, positive psychology, experiential, and transpersonal/integral orientations. Supervisors have also been trained in one or more EBPs, affording the student an opportunity to learn about and apply these modalities to their work. These EBPs include Cognitive Processing Therapy [CPT] for PTSD, CBT for Insomnia [CBT-I], CBT for Substance Use

Disorders [CBT-SUD], ACT for Depression [ACT-D], and Integrative Behavioral Couple Therapy [IBCT]). Lastly, a number of staff members have particular expertise in the treatment of PTSD, providing additional opportunities to learn about trauma-related theory and practice.

In addition to individual psychotherapy, group psychotherapy is an important part of the provision of psychological services. Therapy groups typically involve short-term skill-development groups and some longer-term interpersonal process groups. Skill-building groups involve a broad range of content areas as well as various PTSD-focused groups. In addition, a range of other specialty groups, tailored to a particular issue or disorder, are also offered within the clinic. Interns are given the opportunity to join existing groups or even start a new psychotherapy group based on their clinical interests. Weekly group supervision is provided for the interns regarding their group psychotherapy work.

Learning Objectives

1. formulate sound case conceptualizations that incorporate various theoretical perspectives and research knowledge
2. identify and collaboratively develop treatment goals with the client
3. accurately assess, and modify as necessary, the progress of the therapy
4. effectively implement skills with regard to one or more psychotherapeutic approaches, such as cognitive-behavioral, psychodynamic, and experiential orientations
5. Receive training and weekly supervision in at least one evidence-based practice protocol
6. be aware of and effectively incorporate one's experience and emotional reactions pertinent to the therapy
7. facilitate effective skill-building time-limited and/or process-oriented psychotherapeutic groups
8. provide multiculturally competent treatment conceptualization and service provision

Target Clinical Experiences

1. four hours per week of individual psychotherapy throughout the training year
2. co-lead one or more short-term specialty groups and/or a process-oriented group
3. Participate in a weekly two-hour interprofessional team meeting within the MHC

ACUTE PSYCHOPATHOLOGY AND ASSESSMENT OPTIONS

This full-year rotation consists of three four-month trainings, affording the intern a range of evaluation, assessment and intervention activities for various Veteran populations. Interns have the opportunity to rank order their preferences across six possible sub-rotations, thereby maximizing assignment to particular interest areas or desired growth edges.

Acute Inpatient Unit

All interns will spend one full day per week involved in the evaluation and treatment of acute psychopathology through participation on the Acute Inpatient Unit (78G). This is a 15-17 bed, locked unit, designed for evaluation, crisis intervention, and disposition as well as the management of inpatient Veterans with acute symptoms who are unable to be managed in a less restrictive environment. The Veteran population on this unit is mixed, including Veterans with major psychiatric disorders, substance abuse, dual diagnosis, PTSD, severe personality disorders and dementia. The focus on this sub-rotation is primarily on clinical intervention with an acute population. Assessment does occur within this environment, however, this primarily involves ongoing clinical evaluation of risk of harm (to self or others), diagnostic features, fluctuations in mood and ideation, and indicators of stabilization vs. decompensation for the individual Veterans the unit serves. The necessity of such ongoing evaluation and assessment is essentially built into the nature of the various activities the intern will engage. Ample supervision and oversight by the supervising psychologist on the unit will help to integrate clinical observations and impressions into a working clinical conceptualization and treatment planning strategy for both individual and group work. On the unit, the intern will engage in a variety of clinical activities. The intern will attend the unit interdisciplinary team meeting. Interns may also be involved in evaluating and developing safety plans with the Veterans and updating treatment plans. They also may observe unit admission and discharge evaluations. The intern will be involved in various treatment activities on the unit, including two psychotherapy groups. The intern will have the opportunity to design and develop one of the two groups.

Learning Objectives

1. Assess probable risk pertaining to violence and suicidality
2. Learn to design a therapy group for an acute unit.
3. Effectively communicate symptom observations to the team
4. Develop confidence and skill in co-leading/leading inpatient group psychotherapy and other therapeutic group interventions
5. Develop skills regarding formal safety planning with the Veterans prior to discharge.

Target Clinical Experiences

1. 3 to 5 focal psychotherapy sessions to address safety planning on the inpatient unit
2. Weekly group psychotherapy and occasionally other therapeutic group activities on the inpatient unit

Capacity Assessment

Interns will have the opportunity to assess medical and financial decision-making capacity. These evaluations may take place on any of the 12 inpatient units at the hospital. The majority of Veterans who are referred for a capacity evaluation are elderly with some degree of cognitive impairment, but not always. Providers across a variety of settings at the hospital can request input from Psychology service to assist in determining whether a Veteran's cognitive or psychiatric issues are negatively impacting ability to understand their health conditions and the choices that may be impacted by such. During this rotation, interns will learn how to conduct a thorough clinical interview that is tailored to assess questions of

capacity, as well as how to select appropriate measures to supplement the evaluation. They will furthermore be involved in communicating with referring providers, both to gather additional information and to convey results. This rotation will consist of conducting capacity evaluations, writing reports, and attending and presenting at a monthly capacity seminar.

Learning Objectives

1. Formulate clear clinical conceptualizations to address referral questions.
2. Conduct record reviews relevant and targeted to specific referral questions.
3. Develop skill in conducting a thorough and thoughtful capacity-focused clinical interview and in administering relevant assessment instruments.
4. Effectively communicate with relevant interdisciplinary clinicians.
5. Synthesize multiple pieces of information to offer opinions regarding decision-making capacity.
6. Integrate evaluation/assessment data into a concise, well-written report.

Target Clinical Experiences

1. 6-8 capacity assessments with accompanying reports.
2. One case presentation at the monthly capacity assessment seminar (in addition to monthly attendance of the capacity assessment seminar).

The Star Assessment Rotation

In this rotation, interns will have an opportunity to integrate into an interdisciplinary team in our Community Living Center (CLC). VA Bedford Healthcare System's CLC is the largest VA CLC in the nation, and our goal is to provide top of the line assessment and care including evidence-based practices (EBP) to this population. The CLC units at Bedford are spread across buildings 4 and 62, and consist of Units 4A-4D, 62B (GPU), 62A, 62C, and 62D.

Interns will provide assessment and treatment to an older-adult population across stages of dementia both with and without behavioral disturbance. This will include functional and behavioral assessments, EBPs, safety evaluations, family psychoeducation, support, and interventions, attendance at Behavioral Rounds, team meetings, and leading and/or developing groups in the CLC.

A central element of this rotation is the training and implementation of Staff Training in Assisted Living Residences (STAR-VA). STAR-VA is an EBP for the assessment and treatment of challenging dementia-related behaviors that utilizes an interdisciplinary, nonpharmacological, behavioral approach. Interns conducting a STAR-VA will perform an in-depth assessment utilizing skills such as behavioral observation, brief cognitive, functional, and mood assessments, structured interviews with staff, thorough chart reviews, and biopsychosocial interviews with Veterans and their family members. From this, the intern will generate a comprehensive STAR-VA report containing recommendations for staff, which they will have the opportunity to present to the team and monitor progress and changes in the Veteran over time.

Learning Objectives

1. Develop proficiency in assessment and treatment of behavioral symptoms of dementia using EBPs including STAR-VA
 - a. Observe/shadow STAR-VA
 - b. Independently conduct STAR-VA assessment
 - i. Behavioral observation
 - ii. Interdisciplinary interviews and consultation
 - iii. Family interviews
 - c. Developing STAR-VA behavioral intervention plan, reports, and recommendations
 - d. Actively engage in STAR-VA implementation.

- i. Present STAR recommendations to interdisciplinary team and monitor progress
2. Develop comprehensive biopsychosocial reports for Veterans with dementia diagnoses through conducting thorough medical record reviews and collateral interviews
3. Leading and/or developing weekly EBP-informed therapeutic groups
4. Integrate and contribute as a member of an interdisciplinary team
5. Provide psychoeducation, support, and/or treatment to Veteran's family
6. Conduct safety assessments and develop comprehensive safety plans as the need arises
7. Participate in behavioral rounds and provide consultation and recommendations

Target Clinical Experiences

1. Participate in/conduct 3-5 STAR-VAs (this total number will be dependent on the number of STAR-VA consults entered during the time period which the intern is on the rotation)
2. Conduct 1-2 safety assessments with safety plan(s) (this total number will be dependent on the number of consults entered during the time period which the intern is on the rotation)
3. Lead 1-2 weekly evidence informed therapeutic groups
4. Participate in weekly team meeting and behavioral rounds

Geropsychology Assessment on Long-term Care Units

Psychology interns will have the opportunity to assess older Veterans in the Community Living Center (CLC). The evaluations will be with either Veterans in the short-term Geriatric Evaluation and Management Unit (GEM) beds or Veterans living in long-term care. Veterans on the short-term inpatient rehabilitation program (GEM) generally return to living independently and an active lifestyle. Veterans in long-term care units are those individuals that are unable to live in a less restrictive setting.

There will be two assessment experiences: intakes and full batteries. Interns will be expected to conduct intake evaluations which consist of a psychosocial history, mental status exams and brief cognitive and personality assessments as well as to provide a comprehensive write-up. The intern will be able to observe an initial evaluation by the supervising psychologist. The intern may be observed in the next assessment, and eventually the intern will independently conduct their own intake assessment. Additional measures will be added dependent upon the referral question. The second experience, geriatric focused objective and projective tests are dependent upon the student's assessment experience. The trainee will have the opportunity to present the findings of the full battery at the team meeting as well as to the Veteran and/or family, as appropriate.

Learning Objectives

- 1) To learn to efficiently review clinical information in the chart and to incorporate such information into an interview and subsequent intake assessment report.
- 2) To be proficient in conducting brief cognitive and personality assessments in a long-term care setting.
- 3) To be proficient in at least one full assessment, depending upon referral question and student's experience.
- 4) To be able to cohesively present findings to the interdisciplinary team as well as to the patient and/or family, as appropriate
- 5) To be able to write up assessment results into a comprehensive report

Target Experiences

- 1) To observe once and be observed performing at least one intake assessment during the first month
- 2) To conduct a minimum of two intake assessments per month
- 3) To complete one full assessment battery during the rotation. This may be done either at the end of the rotation or preferably in parts during the entire rotation.
- 4) To present findings of the full battery to at least one interdisciplinary team
- 5) To present findings of the full battery to either the Veteran and/or family
- 6) One hour of supervision per week
- 7) To attend at least one team huddle per week

COMPENSATION & PENSION EXAMINATIONS

During the Compensation & Pension (C&P) four-month rotation, the intern will participate in a graduated training experience involving all steps of a C&P examination. Mental health C&P exams (PTSD, Mental Disorders, or Eating Disorders) are requested when an active duty service-member or Veteran has submitted a claim for a service-connected mental disorder to the Veterans Benefits Administration (VBA) and a Regional Office of the VBA has gathered sufficient information to warrant an exam. A psychiatrist or psychologist (or mental health trainees under close supervision) conducts a comprehensive assessment to evaluate (a) the presence of mental disorders, (b) whether any disorder present is a result of the Veteran's military service, and (c) the extent of occupational and social disability caused by the Veteran's mental health symptomatology. This process entails a careful chart review, clinical interview, symptom assessment, and completion of the appropriate Disability Benefits Questionnaire (DBQ). The intern devotes up to 8 hours per week to C&P exams with a progression in independence tailored to the intern's developmental level. A typical training sequence would involve reviewing records and observing Dr.'s Dayton, Larson, and Richards complete exams, followed by increasing levels of participation in the interview and writing up portions of the report. Training may culminate with an intern completing all portions of an exam. In addition to the two hours scheduled for each exam, the intern is expected to complete adequate chart review prior to the exam and coordinate with their supervisor in writing the designated sections of the report.

Learning Objectives

1. efficiently review clinical records relevant to evaluating psychiatric disability
2. be prepared to quickly build rapport, explain the C&P exam process, and answer any questions posed by the Veteran or family members who accompany the Veteran
3. gather a thorough clinical history spanning pre-military, military, and post-military experiences (social/marital/family, occupational/educational, mental health, legal/behavioral, substance abuse)
4. accurately diagnosis according to DSM-5 criteria any mental disorders present for a Veteran and whether any of the conditions are a result of military service; provide medical opinions where appropriate
5. ability to accurately administer and score CAPS-5
6. evaluate the level of occupational and social impairment resulting from mental disorders
7. properly document information and conclusions in a C&P report
8. gain a working knowledge of the typical presentation of trauma-related issues in a military context

Target Clinical Experiences

1. Observe / shadow 2 C&P Exams (PTSD Initial or Review and one Mental Disorder). This may be a good opportunity for interns to gain experience observing a PTSD Initial Exam.
2. Co-lead 4 C&P Exams (PTSD Review and Mental Disorder) and complete appropriate DBQ.
3. Independently administer 2 C&P Exams (PTSD Review and Mental Disorder) and complete appropriate DBQ. Less assistance should be needed in completing the DBQ by this stage.
4. Administer the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) for most, if not all, PTSD exams co-lead or independently administered.
 - a. Follow CAPS-5 instructions for administration and scoring
5. Review all charts before observing, co-leading or independently administering C&P exams

PTSD ASSESSMENT

In this rotation, interns will have an in-depth opportunity to learn about assessment of PTSD for purposes of treatment planning. This training offers a unique experience in conceptualizing treatment based on a thorough understanding of the individual's experience based on a comprehensive PTSD assessment. During this rotation, interns will learn to administer and interpret the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), the gold standard in PTSD assessment. In learning the CAPS-5, the intern will focus on differential diagnosis between PTSD and other presenting mental health diagnoses. Additionally, the intern will learn how to best understand the various features inherent in a PTSD diagnosis. Particular attention will be paid to the role of moral injury in a Veteran's traumatic experiences and how treatment might best address such dynamics. The intern will also consider how secondary-gain factors may impact assessment of PTSD, particularly in VA settings. The intern will also explore the ways in which cultural factors impact presentation and assessment of PTSD. At the start of the rotation, interns will first likely engage in one or more mock assessment evaluations, with the supervisor serving as the Veteran client. A report will be written for each mock assessment. After this initial learning, the intern will field referrals from across hospital settings, particularly from the outpatient mental health clinic.

Learning Objectives

- 1) Describe current and full diagnostic criteria for PTSD according to DSM-5.
- 2) Describe purpose, benefits, and key features of CAPS-5.
- 3) Conduct a concise and thorough CAPS-5 interview.
- 4) Identify techniques for addressing discrepancies and response bias in respondent answers during CAPS-5 interview.
- 5) Recognize potential co-occurring conditions that may accompany or share PTSD symptoms.
- 6) Apply the CAPS-5 scoring criteria appropriately.
- 7) Describe how the concept of moral injury relates to PTSD.
- 8) Describe cultural factors influencing the presentation and experience of PTSD.

Target Clinical Experiences

- 1) Online and interactive trainings
- 2) Readings relevant to the phenomena of PTSD, particularly those related to diagnosis and treatment
- 3) 4-6 PTSD assessments with accompanying reports (which included one or more mock assessments and reports)

THE PRIMARY ROTATIONS

NEUROPSYCHOLOGY

The Neuropsychology program receives consults from the entire VA Medical Center, including primary care, psychiatry, and neurology. Consults are received on both outpatient and inpatient bases. Veterans are referred for evaluations of cognitive functioning and cognitive rehabilitation services. Common evaluation referral questions include differential diagnosis of neurodegenerative disorders, assessment of cognitive symptoms following head injury, identification of cognitive disturbance due to psychiatric illness and/or substance abuse, and detection of attention deficit disorder and learning disabilities. Assessment of capacity for medical/financial decision making and disposition planning are also common referral questions from our inpatient units. Cognitive rehabilitation services include group and individual rehabilitation and short-term family and couples counseling around adjustment to disease/disability/caregiving when needed. The Neuropsychology program also works closely with the Geriatric Research, Education, and Clinical Center to provide comprehensive services to individuals suffering from dementia, primarily Alzheimer's disease.

The neuropsychology training program provides interns with intensive experience in neuropsychological evaluation with a wide variety of Veteran populations across the age spectrum. Training in neuropsychology focuses on brain-behavior relationships and represents a combination of clinical psychology and behavioral neurology. Emphasis is placed on the integration of multiple data sources (e.g., testing, interview, behavioral observations, report of family, medical records, neuroimaging studies) in order to reach a diagnostic impression and provide practical treatment recommendations. While the majority of cases are seen on an outpatient basis, students also routinely complete inpatient evaluations while rotating through the Inpatient rotation in order to gain experience with psychiatric and geriatric inpatient populations. Interns see one general outpatient case per week and one Clinic case per week, alternating between the Memory Diagnostic Clinic (a multidisciplinary team clinic focused on evaluation of memory concerns in older Veterans), Polytrauma/TBI Acquired Brain Injury Clinic (providing evaluations for patients across the spectrum of traumatic brain injury and stroke screening evaluations to Veterans returning from the recent wars), and Inpatient Clinic (with inpatient assessment and treatment experiences on the Geriatric Psychiatry Unit as well as neuropsychological and capacity evaluations conducted within psychiatric, subacute medical rehabilitation, nursing home, and hospice units (focused on inpatient geriatric evaluations). Interns will also see one case through the Teleneuropsychology Clinic per month, (providing neuropsychological evaluation to Veterans in New Hampshire VA Clinics via video technology). and General Inpatient rotation (neuropsychological and capacity evaluations conducted within short-term psychiatric, long-term psychiatric, long-term nursing home care, and hospice units).

Interns are also trained in individual and group cognitive rehabilitation techniques. Interns are taught how to provide supportive counseling and/or psychoeducation to Veterans and their loved ones in order to maximize Veteran functioning in the face of cognitive difficulties. The intern will have the opportunity to conduct both individual and group psychotherapy as well through their year-long psychotherapy rotation within the Mental Health Clinic.

In addition to the general seminar series for all interns, neuropsychology interns attend a weekly neuropsychology lecture series, a weekly case challenge/case presentation series modeled after the American Board of Professional Psychology oral exam to assist all neuropsychology students to prepare for this next step in their career, and a monthly decision-making capacity seminar. Interns also attend weekly brain cuttings, when offered on the Bedford campus. Other didactic opportunities are available off-campus with affiliated sites.

Although not a requirement of the rotation, the neuropsychology intern has the opportunity to become involved in cutting-edge research on aging and Alzheimer's disease. The interested intern would have the opportunity to be involved in a specific project which can be completed within the training year, as defined by their availability and interests.

Greater than 50% of the intern's time is spent in neuropsychology-related activities, which meets the recommendations of the 1997 Houston Conference on Training in Neuropsychology.

Learning Objectives

1. administer and score a variety of neuropsychological instruments
2. interpret results of neuropsychological instruments both quantitatively and qualitatively as the findings relate to cognitive functioning
3. select appropriate instruments for evaluations of various diagnostic issues and referral questions, particularly those referral questions which pertain to treatment planning, return to home and work, and competency
4. translate evaluation results into overall patterns of cognitive functioning
5. accurately identify patterns of cognitive functioning associated with various diagnoses, such as Alzheimer's disease and other dementias, ADHD, and psychiatric disorders
6. gather a history from the patient and family that is sufficient to aide in diagnosis and recommendations
7. identify aspects of the history most important to differential diagnosis
8. write concise, organized, understandable neuropsychological reports
9. provide specific, individualized recommendations that address the whole health of Veterans and may be used for treatment-planning, connection with needed services, developing compensatory strategies, or addressing lifestyle factors to optimize cognitive health
10. deliver feedback on test results/diagnosis to patients and family members in a clear, easily understandable, and collaborative manner
11. obtain an understanding of the clinical care common to various neurological disorders, such as Alzheimer's disease and other dementias, ADHD, and psychiatric disorders, including common pharmacological treatment, surgical treatment, health management, psychosocial intervention, and family care
12. understand the fundamentals of cognitive rehabilitation as they apply to neuropsychological recommendations and patient treatment

Target Clinical Experiences

1. a minimum of 30 neuropsychological reports
2. lead clinician for a minimum of 20 face-to-face feedback sessions
3. lead interviewer for a minimum of 20 initial interviews
4. a minimum of one time-limited cognitive rehabilitation treatment (group or individual)
5. participation in Neuropsychological Assessment courses offered at Boston VAMC
6. weekly participation in Neuropsychology Seminar
7. minimum of 3 case presentations to the neuropsychology training group

PSYCHOSOCIAL REHABILITATION

The Mental Health field is in the midst of a shift in the paradigm that will govern our work. The increased advocacy of people receiving services from the Mental Health System and current research requires us to consider issues of power and choice and how these concepts interact with our belief that we as psychologists have an expertise that is valuable to the Veterans who come to us for help. Our hope is that, as we engage with the Veterans in a collaborative recovery-oriented process, the Veterans will discover an increased sense of independence and empowerment, and that by building their skills they will find themselves achieving the highest possible level of community-based functioning. We understand that this orientation requires us to address our own, society's and the Veteran's own stigmatizing attitudes towards people who have been diagnosed with mental illness, and that we are constantly moving toward having the Veterans integrally involved in the design of their treatment and of the program itself. These issues form the background for student involvement in the Psychosocial Rehabilitation Rotation.

Many of the Veterans at this facility experience personal and environmental difficulties in achieving their goals (housing, employment, financial stability, satisfying interactions with their families and other people, a sense of personal accomplishment, symptom reduction, etc.). In situations where these difficulties overwhelm their many strengths, they may seek help. At those times they may be able to benefit from the availability of an integrated continuum of services to work with them to reach their best level of functioning. As a nationally recognized center for Psychosocial Rehabilitation, the ENRM VAMC is uniquely equipped to provide an opportunity for staff to cooperate with the Veterans in promoting their welfare across many levels of functioning.

Psychologists can provide a unique viewpoint to this developing clinical area. This is a time to develop new methods of effective treatment that are supported by appropriate research. In the midst of change, psychologists, because of their orientation and training, are able to bring a unique perspective to issues of systemic change and an ability to accurately evaluate and develop innovative approaches to working with people struggling with the challenges presented by serious mental illness.

The Psychosocial Rehabilitation rotation offers a range of experiences that allow the intern to engage in a variety of clinical activities including time-limited psychotherapy. The intern will follow Veterans through various phases of the rehabilitation process, including the initial processes of discovering and developing the Veteran's personal goals through the application of a number of therapeutic techniques that allow for the achievement of those goals. While the medical center has a number of rehabilitation-oriented programs (including a community-based transitional residence program and peer support services, among other rehabilitation-oriented services within the hospital), the intern is typically based in the Domiciliary for homeless Veterans and the Compensated Work Therapy program as the primary components of their programming.

The Domiciliary Care for Homeless Veterans (DCHV) is a 100-day mental health residential rehabilitation treatment program (MH RRTP) designed specifically to provide Veterans who are homeless with the tools necessary for successful community reintegration. The Domiciliary is a therapeutic community setting in which Veterans partner with staff in their treatment through such methods as individual psychotherapy, psychoeducational and process-oriented groups, case management (i.e., housing, benefits, employment), and medical support as they relate to self-identified goals. Indeed, the Domiciliary employs a holistic approach toward the treatment of resident Veterans who may present with multiple risk-factors and require a full range of rehabilitative services (i.e., psychological, vocational, spiritual, and physical) which includes participation in the Compensated Work Therapy (CWT) program.

Treatment within the 100-day stay in the Domiciliary represents a unique opportunity for Veterans to engage in time-limited psychotherapy. In addition to providing this service, interns partner with assigned Veterans to develop recovery/treatment plan to guide the Veterans Domiciliary care. Interns are also part of the interdisciplinary team and learn to function in the capacity of a consultant to the team. The intern also has opportunities to co-lead groups (CBT for Substance Use, DBT, anger management, etc.) with an experienced psychologist on the Domiciliary and eventually facilitate groups on his or her own. An intern may also have opportunities for program development.

The Compensated Work Therapy program provides vocational services to Veterans whose employment and educational goals have been impacted by mental and physical health conditions as well as homelessness. The intern may choose among the following CWT services: (a) vocational counseling including managing the impact of mental health conditions such as PTSD, depression, and anxiety in work settings, (b) community-based employment services including direct hands on mentoring for job search and job maintenance skills, or (c) educational counseling including identifying and making progress on educational goals, managing symptoms of TBI, ADHD, PTSD in educational settings, and making the transition from the military environment to the education environment for returning Veterans.

Learning Objectives

1. effectively conduct individual and group psychotherapy targeted at rehabilitation including modular approaches (e.g. Anthony psychiatric rehabilitation technologies)
2. facilitate Veteran integration into the community (e.g., employment, education, social activities, etc.)
3. accurately assess readiness for change
4. effectively assist Veterans to develop rehabilitation readiness
5. collaboratively work with the Veterans to set an overall rehabilitation goal and recovery care plan
6. general understanding and intervention skills with regard to the treatment of substance abuse
7. evaluate history, conflicts, ego strength and skill deficits to identify Veterans for time-limited therapy
8. appropriately select among cognitive-behavioral, interpersonal, and dynamic treatments to utilize within time-limited psychotherapy
9. deal effectively with disruptions to the therapeutic alliance
10. understand institutional dependency and how to help Veterans overcome psychological barriers to living in less restrictive environments
11. understand how intellectual, cognitive and personality factors interact with other areas of functioning
12. understand how hospital and community resources impact rehabilitation and how to help Veterans access resources

Target Clinical Experiences

1. two to three individual therapy cases per week with a diverse group of Veterans within the Domiciliary
2. three to four vocational counseling/rehabilitation cases per week with Veterans from the CWT program
3. lead/co-lead one or more Domiciliary groups per week
4. regular participation in team treatment planning meetings
5. learn to design psychosocial rehabilitation interventions that assist in program development.

ADDICTION & RECOVERY

Mission Statement

The VA Bedford Psychology Addictions Training program is rooted in a recovery-oriented, Veteran-centered system of care. Our immersive interdisciplinary training experiences prepare trainees to provide culturally competent, evidence-based treatment for substance and behavioral addictions. Trainees are encouraged to develop their individual professional identities and leadership skills through mutual learning with mentors and supervisors and quality improvement and other system-level experiences.

Our Vision

VA Bedford's Addictions Training Program seeks to continually improve the quality of training and mental health services through ongoing education of staff and students in specialized areas of addiction, prioritizing interprofessional training, modernizing and delivering care through evidenced-based methods.

Our Values I.D.E.A.

Integrity – We consistently adhere to strong ethical and moral principles.

Dignity – We recognize the right of people to be valued and respected for their own sake and to be treated ethically.

Excellence – We aim for excellence in training and clinical care through continuous learning, collaboration, and feedback.

Advocacy – We advocate for Veterans, trainees, and colleagues, and empower all in their own self-advocacy.

The primary rotation in addiction and recovery consists of four core training experiences: (1) the Domiciliary Care for Homeless Veterans (DCHV), (2) the Behavioral Addictions Clinic (BAC), (3) VA Bedford Tobacco Cessation Program (TCP), and the (4) Opioid Reassessment Clinic (ORC). The intern will be situated in two of the four programs for the first half of the year, and then switch to the remaining two for the last half of the year. Over the course of each 6-month training cycle, the intern will dedicate 8 hours per week to each of the two programs. This will provide the intern breadth of exposure to a range of addictions common among Veterans as well as gaining a depth of experience in delivering clinical services to Veterans with addictions in different stages of recovery.

In addition, the addictions primary rotation provides an opportunity to engage in research. Several of the faculty involved in the addictions primary rotation are members of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC). The mission of the VISN 1 New England MIRECC is to develop innovative treatments and clinical programs for Veterans with co-occurring addictions and mental health disorders. The addictions intern will be able to participate in research and program development activities related to addictions, including opportunities to participate in ongoing clinical trials, prepare and deliver conference presentations, and engage in scientific writing.

Overall, the addictions primary rotation provides a unique learning opportunity for interns to understand the intersection of addictions and co-occurring mental health disorders, with other psychological and social stressors through these four core experiences. There is an emphasis on conducting comprehensive assessments to inform case conceptualization and understanding the key evidence-based therapeutic approaches within the field of addictions treatment, particularly those involving motivational enhancement, cognitive-behavioral therapy, acceptance- and mindfulness-based interventions, and recovery-oriented approaches. The intern will get both a breadth and depth of training experiences in addictions that will include developing and refining skills in assessment, intervention, and program development to prepare the intern for competitive positions in addictions-related fields.

DCHV Sub-Rotation

The Addictions Intern training experience in the Domiciliary Care for Homeless Veterans (DCHV) program is designed to expose the trainee to providing a range of rehabilitation-oriented services to Veterans with a variety of presenting issues with a focus on substance use disorders as a primary focus of treatment. The DCHV is a 100-day residential treatment program for Veterans who are at high risk for becoming or are currently homeless. Treatment is provided by a multidisciplinary team including psychologists, psychiatrists, nurses, social workers, peer support specialists, rehabilitation technicians, and occupational therapists. The intern will have the opportunity to interact regularly with the multidisciplinary team toward the treatment of these Veterans while carrying a caseload of several individual clients and co-leading/leading psychoeducational groups. Example groups include the trauma-informed Safety Emotion Loss (SELF), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) and Acceptance and Commitment Therapy (ACT) for addictions groups. As part of the individual therapy process, interns partner with assigned Veterans to develop recovery/treatment plan to guide the Veterans Domiciliary care and utilize measurement-based care to track treatment process and outcomes.

Behavioral Addictions Clinic (BAC) Sub-Rotation

Behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding non-drug-related behavior despite negative consequences to the person's physical, mental, social, or financial well-being. Types of behavioral addictions addressed in the BAC include gambling, compulsive sexual behavior (e.g., frequent sexual partners, problematic use of pornography), binge eating disorder, excessive internet use, (e.g., online shopping, playing video games), and compulsive buying. Rates of gambling disorder and compulsive sexual behavior (i.e., dysregulated sexual behaviors, e.g., excessive use of pornography, frequent casual sexual partners) are higher among Veterans than non-Veterans. There is growing demand for behavioral addiction treatment services within VHA, particularly among returning combat Veterans. The BAC provides cutting-edge training to interns on the assessment and treatment of behavioral addictions which commonly co-occur with conditions such as PTSD, sexual trauma, substance use, and anxiety among Veterans. The BAC operates on a short-term treatment model where the focus of the individual and group treatment services is on assisting Veterans to obtain mastery over the problematic behaviors for which they have been referred. After successful completion of the BAC treatment services, the Veterans are then referred to their main treatment providers to address other remaining mental health service needs as appropriate. The BAC is the only specialty outpatient clinic in VHA that focuses the training for doctoral psychology interns on best practices for assessing and treating problem gambling, compulsive sexual behavior disorder, and binge eating disorder, and it has been recognized as a leader in VHA for assessing and treating behavioral addictions. The Addictions Intern will have the opportunity to be trained in effective brief treatments for behavioral addictions, including Acceptance Commitment Therapy, Cognitive Behavioral Therapy, and Mindfulness-Based Relapse Prevention. The intern will also gain experience conducting intakes and assessments, engaging in differential diagnosis pertaining to behavioral addictions, and providing brief individual and group psychotherapies as well as psychoeducation for Veterans.

VA Tobacco Cessation Program Sub-Rotation

The Tobacco Cessation Program (TCP) serves the entire medical center and surrounding outpatient clinics. Tobacco cessation is multidisciplinary and represented by psychology, nursing, psychiatry, and pharmacy. The goals of the TCP are to 1) provide assessment and intervention to Veterans at all stage of change with respect to quitting tobacco, and 2) increase awareness of the negative health effects of tobacco use for Veterans, staff, and health care providers through outreach and education. The Addiction Intern will receive exposure to conducting focused tobacco dependence assessments, delivering intensive short-term empirically supported treatment for tobacco users at all stages of change with regard to quitting tobacco (e.g., motivational, cognitive-behavioral, and acceptance- and mindfulness-based approaches), and facilitating motivational and psychoeducational groups for tobacco cessation. There is a weekly TCP team meeting, where cases are presented, and tobacco cessation treatment plans are

discussed and modified. There is strong emphasis on the cultivation of interdisciplinary case conceptualization as clinical practice guidelines for tobacco cessation focus on the integration of tobacco cessation medications with intensive psychosocial treatment.

Opioid Reassessment Clinic Sub-Rotation

The Opioid Reassessment Clinic (ORC) was developed to assist Veterans and their medical providers in providing optimal care as related to the prescription of opioid medications for treatment of chronic pain conditions. Veterans referred to the clinic undergo assessment of their current prescriptions and functioning with emphasis given to the evaluation of risk factors associated with adverse outcomes, substance use concerns, and the Veteran's chronic pain experience. Possible recommendations include the Veteran following-up with the clinic for a patient-centered opioid taper or to eliminate their use of full agonist opioids with treatments using medication assisted therapy (MAT) such as buprenorphine.

The ORC is an interprofessional team which includes family medicine and psychiatry physicians, nurse practitioner, psychologist, pain nurse, and peer support specialist as well as a nurse practitioner fellow, psychology post-doctoral fellow and intern, and family medicine medical residents. The team incorporates the use of Animal-Assisted Therapy (AAT) by working with 1-2 pairs of trained AAT dogs and their handlers. The ORC treatment team also consults and collaborates with Veterans' Primary Aligned Care Teams (PACT) within Primary Care. Additionally, the ORC partners with the Bridge Clinic in the Veterans Mental Health and Addictions Program (VMHAP) to provide a unique group treatment option for Veterans with comorbid chronic pain conditions and opioid use disorder.

During this rotation, interns will gain experience in providing team-based interprofessional care (completing co-intakes and co-visits with providers from other disciplines) as well as consultative services within the setting of a specialty clinic co-located within Primary Care. Interns will have the opportunity to provide motivational interviewing (MI) interventions for Veterans who are contemplative (or pre-contemplative) about addressing concerns related to opioid medications. Interns will also gain understanding of the complex relationship between chronic pain conditions and opioid use disorder as well as pain self-management treatment options such as cognitive behavioral therapy for chronic pain.

Learning Objectives

1. Develop skills in case conceptualization by working with Veterans presenting with addictions and co-occurring disorders
2. Acquire proficiency in performing comprehensive assessments for Veterans presenting with addictions and being able to provide feedback
3. Learn to skillfully deliver evidence-based treatments for addictions including motivational interviewing, cognitive behavioral therapy, and acceptance- and mindfulness-based treatments
4. Develop professional identity as a psychologist working collaboratively as a member of the interdisciplinary treatment team through case presentations, consultation with providers from other disciplines, and outreach and education
5. Understand the range of treatment approaches for people with addictions, particularly motivational enhancement therapy, CBT, and recovery-oriented approaches to addictions treatment
6. Understand the concept of co-occurring disorders and the interrelationship between mental illness and addictions
7. Acquire familiarity with the different stages of recovery from addictions, particularly as applied to group psychotherapy processes
8. Effectively provide interventions from the principles of psychosocial rehabilitation, including the development of Veteran-centered recovery/treatment plans.
9. Become familiar with administrative functioning by managing consults, conducting intakes, and managing clinic assignment.
10. Develop familiarity with methods for evaluating the efficacy of various approaches to addictive behaviors.

11. Refine research-related skills via participation in clinical trials, conference presentations, and/or manuscript preparation.

Target Professional Experiences

1. Participate in the CBT-SUD seminar and consultation series.
 2. Co-lead therapy groups for Veterans at different stages of recovery from addictions (early recovery, middle and/or late recovery groups)
 3. Provide individual psychotherapy for Veterans with addictions
 4. Actively participate in interdisciplinary team meetings
 5. Coordinate addictions treatment with other medical and mental health providers and collaborate in Veteran care through delivery of co-visits
 6. Assume select administrative clinical duties including clinical intakes and managing consults.
 7. Participate in program development, outreach, and education activities
- Contribute to research focused on addictions which may result in a poster and/or a manuscript

OUTPATIENT TREATMENT

This rotation focuses upon the provision of clinical services through both the hospital outpatient psychotherapy clinic (described earlier under the “psychotherapy rotation”) and a community-based outpatient clinic. Typically, the intern spends one day/week in one of the satellite outpatient clinics, providing evaluation and psychotherapy to a previously under-served population of Veterans living in the community. Interns on the outpatient rotation have a unique opportunity to see how several outpatient clinics function within a larger institution, and how such clinics interact with and are integrated within a range of services throughout the medical center.

Interns on the outpatient rotation engage an expanded role within the outpatient clinic at Bedford, maintaining a larger caseload of group and individual therapy cases. Intern’s work typically involves recovery-oriented, episodic, goal-oriented psychotherapy with individual patients. A variety of group opportunities are also available.

Outpatient interns spend one full day per week at the community-based outpatient clinic (CBOC) in Haverhill, Massachusetts, approximately 30 minutes away from the medical center. Within the CBOC, the intern will function as a member of an interdisciplinary primary healthcare team, providing evaluation and treatment to a range of underserved Veterans in the community. There is an opportunity to become involved in program development work with regard to designing and implementing clinical services, particularly psychotherapy groups. There are a number of pertinent treatment needs in this population, such as those pertaining to PTSD, wellness, and substance dependence.

Interns on the outpatient rotation will be exposed to a range of psychotherapeutic orientations via weekly supervision from three separate supervisors. Consequently, interns will be encouraged to conceptualize their therapy cases from multiple perspectives and to experiment with interventions from various orientations, as appropriate, within their therapy work. Interns also have the opportunity to work in collaboration with the telemental health (TMH) psychologist on group therapies from Haverhill utilizing TMH.

Overall, this rotation is a flexible combination of clinical services and training. The intern will have the opportunity to shape a training structure that reflects their particular interests and experience. For example, the intern can concentrate on particular psychotherapeutic models of work and/or emphasize a particular population or disorder in their training.

Learning Objectives

1. understand the overall functioning and integration with other services of two outpatient therapy clinics
2. assess current program needs related to an outpatient clinic, particularly a community-based clinic with limited available resources
3. familiarity with the characteristics and treatment needs of an underserved Veteran population within community-based services
4. knowledge and professional skills related to working within a primary healthcare multidisciplinary treatment team
5. ability to perform assessment, intake evaluation, and crisis management within a community outreach center
6. clinical skills with regard to understanding and facilitating PTSD-oriented psychotherapy groups
7. ability to effectively implement at least one evidence-based practice (EBP) protocol with Veterans
8. ability to conceptualize clinical cases from several theoretical perspectives (e.g., psychodynamic, cognitive-behavioral, humanistic, and experiential)
9. implement interventions from various therapeutic approaches, as relevant, for each clinical therapy case
10. ability to become aware of one’s experience as a therapist, including biases, countertransference and subtle tendencies, through the understanding and application of the principles of mindfulness

Target Clinical Experiences

1. provide approximately eight hours per week of individual psychotherapy within the Haverhill CBOC and the MHC (in addition to the four hours of individual therapy within the MHC psychotherapy rotation)
2. receive supervision from four supervisors representing a range of psychotherapy models and perspectives
3. based on the programmatic needs of the clinic, provide a particular psychotherapy group or groups to address clinical needs
4. co-facilitate one or more PTSD psychotherapy groups
5. Participate in an intensive training and subsequent weekly group supervision for at least one EBP protocol
6. participate in a primary healthcare interdisciplinary treatment team in the Haverhill CBOC

GEROPSYCHOLOGY

The Geropsychology program at the Edith Nourse Rogers Memorial Veterans Hospital utilizes a comprehensive approach to train pre-doctoral level interns in psychotherapy, consultation, and psychological assessment with a diagnostically and demographically diverse population of older adult Veterans. The Geropsychology intern will collaborate with interdisciplinary teams of medical, social work, and rehabilitation staff and bring psychological perspectives to the unique presenting problems of older adult Veterans. This interdisciplinary collaboration also provides an opportunity for the intern to increase her or his breadth of knowledge about the physical and mental health care needs of older adults in a variety of medical settings. Our Geropsychology department is comprised of psychologists with a wide variety of skills and training in providing inpatient, outpatient, hospice, palliative, and home-based care treatment services. Interns in the training program will receive direct supervision and consultation with Geropsychology staff in addition to supervision with Mental Health Clinic staff and other disciplines.

The older adult Veteran population served by the hospital presents with a wide range of psychological and neuropsychological conditions that often interact with medical comorbidities requiring extended care and/or rehabilitation. Veterans presenting with cognitive impairment and psychological problems related to developmental issues, medical problems, and other psychopathology are seen in both outpatient and inpatient settings and may be seen by different services within Geropsychology over the course of their illness. The Geropsychology intern will have the opportunity to work with Veterans in the following settings in three consecutive rotations: **Community Living Center (CLC)**, **Hospice and Palliative Care**, and **Home-Based Primary Care (HBPC)**. In addition, the intern will provide individual psychotherapy in the **Geropsychology Outpatient Clinic** for the duration of the year.

During the first four months of the training year, the intern will work with residents of the **Community Living Center (CLC)**, or nursing home units. In the CLC, the intern is assigned to one to two units and works with residents on an individual basis. The intern also attends interdisciplinary team meetings on their respective units to participate in treatment planning for the residents. The intern will have opportunities to co-facilitate and/or develop groups, work with families, and provide consultation using STAR-VA evidence-based intervention for managing challenging behaviors in residents with dementia. Past trainee group experiences have included an Inpatient Caregiver Group, Vietnam Group, Positive Psychology Group and Reminiscence Group.

In the second rotation of the training year, the intern will work with residents in **Hospice and Palliative Care**. The Hospice program operates on a designated Hospice unit as well as in a scattered beds model throughout the facility. In these settings, the intern will engage in individual and family psychotherapy for a variety of issues including anticipatory grief, end-of-life issues, and bereavement. The intern will continue to develop competencies by working closely with an interdisciplinary team and engaging in family meetings. There will also be opportunities for consultation, Telemental health, as well as debriefings and education for staff. The intern will also have the opportunity to co-facilitate or develop a group on the unit.

In the final rotation of the training year, the intern works with the **Home-Based Primary Care (HBPC)** team. The intern will join HBPC staff psychologists in meeting with home-bound Veterans in the community to conduct therapy, administer assessments, and consult with the interdisciplinary team. The intern will be encouraged to use supervision to examine personal reactions to and develop competencies in the provision of psychological services in non-traditional settings.

As mentioned, in addition to the three four-month rotations above, the intern will also provide individual and group psychotherapy to Veterans in our **Geropsychology Outpatient Clinic** through the duration of the year. In some instances, interns may have the unique opportunity to participate in a Veteran's care as the Veteran progresses through the continuum from outpatient to home-based to community living center and even hospice status.

In addition to these core Geropsychology track rotations, the intern will also have several supplemental opportunities unique to the Geropsychology track. First, beyond the training in **evidence-based**

practices described above, the Geropsychology intern may have the opportunity to train in one of several evidence-based practices specifically pertinent to the older population, including STAR-VA, Meaning Centered Psychotherapy for patients with advanced cancer or illness, Complicated Grief Therapy, and Problem-Solving Therapy for Home-Based Primary Care. Second, the Geropsychology intern can participate in one of the Assessment Rotations related to Geropsychology. Information on these rotations can be found under “Training Opportunities (pg. 10).

Learning Objectives

1. To develop competencies identified by the Pikes Peak model for training in Geropsychology.
2. Provide older adult Veterans with psychotherapy utilizing a variety of theoretical modalities, such as behavioral, cognitive-behavioral, psychodynamic, humanistic, interpersonal, and existential.
3. Incorporate factors such as medical, psychosocial, and developmental issues into psychological case conceptualization and intervention planning to address the unique mental health needs of older adult Veterans.
4. Engage in Evidence Based Practices (EBP)s such as managing disruptive behaviors in Veterans with advanced dementia (STAR-VA), hospice related issues, and caregiver support interventions.
5. Attend educational seminars and conferences on relevant topics in Geropsychology, including Geriatric Grand Rounds.
6. Explore newly developing roles for psychologists in geriatric care (e.g. Home-Based Primary Care, Hospice) and potentially undeveloped roles.
7. Learn both the psychological and physiological symptoms associated with death and dying.
8. Provide anticipatory grief and grief support as well as psychoeducation to Veterans and families, as well as staff members working in Hospice & Palliative Care.
9. Develop effective consultation skills within an interdisciplinary system that includes medical staff, social work, chaplaincy, dietary, rehabilitation therapists and other extended care professionals.
10. Conduct psychological assessments of the older adult including brief evaluations of cognitive functioning, diagnostic screenings, assessment of appropriateness of the person’s environment to his/her functional abilities, and general mental health functioning.
11. Engage in supervision from a variety of supervisory perspectives.

Target Clinical Experiences

1. On the Community Living Center rotation, provide four hours per week of individual psychotherapy and one hour per week of group psychotherapy.
2. On the Hospice and Palliative Care rotation, provide four hours per week of psychotherapy, including individual, family, and group work.
3. On the Home-Based Primary Care rotation, dedicate approximately six hours per week to clinical contact in Veterans’ homes, team consultation, supervision, and travel.
4. Additionally, provide approximately two hours per week of individual psychotherapy and one hour per week of group psychotherapy in the Geropsychology Outpatient Clinic for the duration of the training year.
5. Provide at least one in-service on psychological issues relevant to treatment of the older Veteran, including staff wellness.
6. Provide anticipatory grief and/or bereavement support to a Veteran’s family.
7. Participate in a minimum of one interdisciplinary team meeting per week.
8. Engage in one of the Gero-specific assessment rotations
9. Option to participate in program development or quality improvement project (new or existing)

PRIMARY CARE BEHAVIORAL HEALTH

The primary care behavioral health (PCBH) program was established to promote the effective treatment of common mental health conditions in the primary care environment in order to integrate care for Veterans' physical and mental health and to allow mental health specialists to focus on patients with more severe illnesses. PCBH services are delivered by a team consisting of psychologists, a psychiatrist, clinical nurse specialist, social worker, residents in each of these respective disciplines, and peer specialists. The intern will be an integrated member of this team. The integrated program is based on a blended model that combines the care management approach for mental health and chronic medical conditions with co-located/collaborative care. Such a blended model can enhance a primary care practice's capacity to provide care and outcomes for the large population of primary care patients who present with mental health problems. In addition to providing care for basic mental health conditions, the team also addresses the psychological aspects (i.e. life-style behaviors such as smoking, exercise, weight management) that impact medical conditions. Lastly, to fully round out a step model of care for the course of treatment, we offer a peer support program (includes chronic pain, diabetes, obesity, smoking, effective communication, wellness/health promotion) to support and foster self-management. The intern will learn to practice within this model in providing care management and treatment for mental health and health behavior conditions within the primary care setting and the Women's Health Clinic.

Referrals to the program are generated from primary care providers either by their discretion and/or positive responses to routine screens for depression, PTSD, substance use, weight, or chronic pain. The team completes a brief psychological evaluation and triages for appropriateness of fit for the program based on level and type of care needed. This feedback is sent back to the primary care providers to facilitate the collaboration between these services or to coordinate with programs that would best meet the needs of the Veteran. Shared treatment planning is derived as necessary. Brief interventions are provided using CBT and mindfulness-based approaches with the use of biofeedback when needed. The intern will learn to provide the full spectrum of care provided by the program.

Further, as a member of an interdisciplinary part of the team, the intern will gain competency in team-based interprofessional care within the PCBH team (mental health) as well as within the larger primary care team (physical health). This experience will provide the intern with the knowledge and understanding in applying the biopsychosocial model and the mind-body approach to providing whole-person care.

This is demonstrated in the program delivery of collaborative care at the highest level of integration. That is, our model not only promotes joint relationships between mental health and primary care providers who share the care of the patients from their independent sessions, but also in a literal sense of working side by side to deliver services together such as in joint sessions or as co-facilitators in group medical appointments with psychology, primary care, pharmacy, social work, physical medicine and rehabilitative services (occupational and physical therapy), and nutrition. In addition to the direct applied experience of interprofessional education, the intern will also participate in the interprofessional seminar, which will round out the learning of this type of education.

Learning Objectives

1. Understand the common mental health conditions that are presented in the primary care clinic and how to treat these conditions from an evidence-based integrated primary care-mental health model.
2. Understand common behavioral health concerns presented in primary care (i.e., chronic pain, weight management).
3. Understand the co-morbidities of mental health and physical conditions and how they relate to each other.
4. Conceptualize from a biopsychosocial model of care, apply this model to clinical cases, and ability to coordinate associated care with primary care staff.
5. Learn to practice from a team based care approach both within the PCBH team as well as with the larger primary care team across different disciplines (physicians, all levels of nursing, social work, pharmacy, clerical support and extended care professionals)

6. Understand the medical language and be competent in reviewing medical records to the degree to which trainee can coordinate care and offer treatment.
7. Learn brief model of care including brief assessments, brief session duration and brief number of sessions.
8. Develop consultation skills in working with health care professionals (i.e. primary care providers, specialty providers, pharmacy, nutrition, rehabilitative medicine staff including recreational, occupational and physical therapists).
9. Learn care management of mental health conditions through brief assessments, monitoring, psychoeducation and coordination of care as necessary.
10. Understand the role of the psychologist in the Patient Centered Medical Home (called Patient Aligned Care Team in VHA) model of care as part of the Health Care Reform Act.
11. Ability to work as a team member in PCBH.

Target Clinical Experiences

Primary care (full year):

1. Provide 4 hours/week of individual psychotherapy in the primary care clinic consisting of cases for mental and physical health concerns.
2. Participating in weekly primary care PACT pre-planning meetings.
3. Participate in weekly interdisciplinary group supervision and weekly team meeting.
4. Assist in providing same day PCBH access with process of completing warm hand-offs.
5. Receive supervision from interprofessional team perspective.
6. Optional experience in providing biofeedback.
7. Optional experience in program development.

The year is divided into 2 rotations (6 months):

1. **Weight** (4.5 hours/week):
 - a. Provide individual psychotherapy in the primary care clinic targeting health behavior change for weight management.
 - b. Optional weekly facilitation of MOVE! weight management group.
 - c. Completion of pre-surgical and transplant evaluations, and bariatric surgery support group.
2. **Chronic pain** (4.5 hours/week):
 - a. Help facilitate weekly 2-hour interdisciplinary Pain School group.
 - b. Complete pain consultations utilizing biopsychosocial conceptualization and treatment planning.
 - c. Provide individual psychotherapy for pain self-management (CBT-CP, biofeedback, etc.).

ADDITIONAL TRAINING OPPORTUNITY IN CLINICAL RESEARCH

The Psychology Service participates in VA Bedford's active and productive research community, with most psychology research housed in the VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC) or Neuropsychology service. VA Bedford Healthcare System has academic affiliations with Boston University School of Medicine in Boston, Massachusetts, and the University of Massachusetts Medical School in Worcester. The VISN 1 New England MIRECC is focused on co-occurring disorders—substance use and other mental illnesses. Areas of study include: vocational rehabilitation, gambling and other forms of behavioral addictions, tobacco cessation, psychosocial treatments for co-occurring disorders, pharmacological interventions for addiction, spiritually-integrated interventions, qEEG as a predictor of treatment outcome, and community reintegration and other psychosocial rehabilitation research. Please see <https://www.mirecc.va.gov/visn1/> for more information on VISN 1 New England MIRECC.

Interns with strong interest and background in research are welcome to inquire about involvement in ongoing research programs.

Research opportunities also exist in other parts of the hospital, notably in the Geriatric Research, Education and Clinical Center (GRECC) and the Center for Healthcare Organization & Implementation Research (CHOIR).

Facility and Training Resources

All interns are given an office within a suite of offices together, which also includes a conference area and a full kitchen. The one exception to this is for the neuropsychology intern, who is placed in a nearby suite of offices in the Neuropsychology Service area, along with postdocs and practicum students engaged in neuropsychological training. Each intern has a computer assigned to them and access to the suite's network printer. Computer access allows the intern internet access as well as access to the VA's Computerized Patient Record System (CPRS). Given the pandemic, the training program has obtained VA-furnished laptops, which enable remote training and clinical work to occur reasonably smoothly (without some of the challenges that can arise when using personal computing equipment to connect with government/VA resources).

The Administrative Coordinator of the Psychology Service and the Psychology Training Program Administrative Assistant provide program and clerical support to the internship program. Administrative and support staff throughout the medical center provide support to interns working within particular areas. The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

Requirements for Completion

Interns continue to be in good standing while on internship provided they are able to maintain acceptable levels of engagement in training related activities as well as achieve minimal levels of competence with regard to their work, while demonstrating appropriate ethical and professional behaviors. Acceptable levels of performance with regard to each competency area within the internship are detailed within the evaluation form. As noted above, evaluations of interns occur formally three times over the course of the training year. Successful completion of the program involves the intern completing the equivalent of a full year of full-time training as well as achieving at least a minimal level of competency in each of the basic areas of psychology listed above.

Internship Admissions, Support, Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: July 1, 2022

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The program seeks qualified applicants from both clinical, counseling and combined doctoral training programs in psychology. The program does not necessarily favor any particular area of practicum clinical training or prior experience. The program also does not require a certain number of direct contact hours or any other type of minimum criteria. However, training, experience, and interest relevant to the program's primary rotations and/or Veteran issues may be desirable. A full description of each of the rotations is provided earlier in this brochure.

Interns selected to the internship program have been carefully reviewed and ranked by a two-stage selection process that includes all members of the training committee, with particular involvement from those psychologists directly affiliated with the applicant's stated interest(s) regarding the primary rotations. After initially reviewing and rating all online written applications (rated along six dimensions: amount of clinical experience, quality of academic performance, personal attributes as well as breadth and depth of past experience, the ability to understand diversity, letters of recommendation, and research achievement), selected applicants are invited for interviews.

The interview process is conducted in the form of four "open houses", which will occur remotely during the 2022/2023 selection cycle, as it did during the prior selection season. During the morning of the open house, members of the training staff present on the various foundational elements of the internship program. Following lunch, each intern applicant participates in three to four individual interviews. Applicants interview with prospective supervisors associated with the one or two primary rotations for which they expressed interest in their application (i.e., from the six "Programs" listed for the national match). The program asks prospective applicants to carefully review each of the primary rotations in this brochure so as to best determine one's most preferred primary rotations, affording the applicant an opportunity to interview with supervisors associated with one's desired primary rotation(s). Please note, as the neuropsychology primary rotation is geared toward those students who plan to become clinical neuropsychologists, students expressing interest in neuropsychology will only be considered for this primary rotation.

Ratings from the interviews address four dimensions (clinical sensitivity, critical thinking, interpersonal and personal qualities, and match between applicant and program). Lastly, ratings and rankings from the training committee are analyzed and compiled into a rank ordering for each of the primary rotations/programs.

Applications are due on November 5th and all applicants are notified via email of their status on or before December 2nd.

In addition to the general AAPI Online application package, the following is required:

- ✓ A rank ordering of one or two of the Primary Rotations (i.e., "first choice", and if interested in an additional primary rotation, "second choice") for which you would like to interview (do not list "Assessment & Acute Psychopathology" or "Psychotherapy" rotations, as these are core rotations for all interns). **This information should be clearly stated in bullet points at the top of your cover letter. Cover letters without this information included will not be able to be reviewed.**
- ✓ One assessment report (applicants primarily interested in the Neuropsychology Primary rotation should

include a neuropsychology assessment report) submitted as a supplemental form

For further application questions, please contact:

Director of Psychology Training, Richard R. Amodio, PhD (richard.amodio@va.gov) 781-687-3056

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	No		N/A
Total Direct Contact Assessment Hours	No		N/A

Describe any other required minimum criteria used to screen applicants: N/A

Program Policies and Support

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$29,282	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	No	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (accrued)	
Hours of Annual Paid Sick Leave	104 (accrued)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe):		
<p>Internships are for 2080 hours to be completed over a twelve-month period. Interns accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, interns are granted up to four days for educational leave and/or professional development (such as dissertation-related meetings, attending training or professional conferences, or postdoctoral interviews).</p> <p>This training brochure outlines specific policies regarding grievance options and procedures, due process with regard to intern performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.</p>		

Outcome Data: Initial Post-internship Positions

	2018-2021	
Total # of interns who were in the 3 cohorts	24	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	Postdoc	Employed
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	12	
Military health center		
Academic health center	5	
Other medical center or hospital	2	
Psychiatric hospital	1	
Academic university/department		1
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	1
Not currently employed		
Changed to another field		
Other		
Unknown		

Eligibility Requirements for All VA Internship Training Programs

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approved for internship status by graduate program training director.
3. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
5. Interns and other students are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and other students are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Local Information

The Medical Center is located in Bedford, Massachusetts, a town of 14,000 that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordered by Concord to the west and Lexington to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution (www.lexingtonchamber.org). The Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trail for biking, running, or walking.



Heading south east from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm (www.bostonusa.com; www.boston-online.com). Boston offers an array of cultural events and opportunities, such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small. Cambridge and Somerville are smaller cities surrounding Boston and offer a myriad of restaurants, theaters, and music venues. The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops, coffeehouses, music, festivals, and street theater. Harvard University and Cambridge Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education. The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.



Heading two hours north from Bedford one finds the White Mountains of New Hampshire, and the Green Mountains of Vermont, with some of the finest hiking, climbing, and skiing in the Northeast. Cape Cod’s expansive beaches lie two hours to the south and Martha’s Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options. Stockbridge, the home of both Alice’s Restaurant and the Austen Riggs Center, is in

the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob’s Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.

Training Staff



Victoria Ameral, PhD

Doctoral Program:
Predoctoral Internship:

Postdoctoral Fellowship:

Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)

Clinical Psychology (PhD), Clark University

Addictions & Co-occurring Disorders Track/Women's Trauma & Recovery Team, VA Boston HCS

Interprofessional Advanced Addiction Fellowship, VA Boston HCS

Dr. Ameral's research focuses on the development of recovery-oriented treatments for opioid use disorder, including Acceptance and Commitment Therapy approaches for supporting early recovery. She also conducts work evaluating addiction treatment outcomes in naturalistic settings and examining the role of co-occurring trauma in addiction recovery. A lifelong Massachusetts resident, she enjoys beach trips, hiking, snowshoeing, and learning about meteorology.

Richard Amodio, PhD

Doctoral Program:

Predoctoral Internship:

Postdoctoral Fellowship:

Director of Psychology Training; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine

Clinical Psychology (PhD), University of Cincinnati

VA Boston HCS

N/A

Dr. Amodio's specialties are in the areas of experiential and awareness-based psychotherapy, integrative psychotherapy, and integral perspectives on healing and human development. In his free time, he enjoys family activities, mountain biking with his son, and being in nature on wheels and foot.

Amy Bachand, PhD

Staff Psychologist and Primary Care Health Behavior Coordinator

Doctoral Program:

Clinical Psychology (PhD), Louisiana State University

Predoctoral Internship:

Medical Psychology, Boston Consortium in Clinical Psychology

Postdoctoral Fellowship:

Research Fellow in Psychology Pain Management and Medical Informatics, VA Boston HCS

Dr. Bachand's clinical and research interests are in Behavioral Medicine, with specific interests in health promotion, weight management, diabetes management, pain management and stress management utilizing cognitive behavioral therapy and mindfulness-based techniques. When she is not chasing after her two young children, Amy enjoys photography, sports and being outside.

Kate Bartels, PsyD

Staff Psychologist, Veterans Integration to Academic Leadership (VITAL)

Doctoral Program:

Clinical Psychology (PsyD), Women James College

Predoctoral Internship:

Psychosocial Rehabilitation Track, VA Bedford HCS

Postdoctoral Fellowship:

IPMH - Community Intervention, VA Bedford HCS

Dr. Bartels' clinical interests include dual diagnosis, anxiety, and interpersonal difficulties. She is a trained provider in Cognitive Behavioral Therapy for Insomnia. Dr. Bartels utilizes an integrative approach to treatment that incorporates Cognitive Behavioral Therapy, Motivational Interviewing, and Positive Psychology interventions. Outside of work, she enjoys spending time with her family and friends, playing volleyball, traveling, and watching true crime documentaries.

Joshua Berger, PhD

Staff Psychologist, Mental Health Clinic and Safing Center

Doctoral Program:

Clinical Psychology (PhD), Clark University

Predoctoral Internship:

VA Syracuse HCS

Postdoctoral Fellowship:

Trauma Recovery Services, VA Providence HCS

Dr. Berger is a psychologist in the Mental Health Clinic and the Safing Center. He has previously conducted research on intimate partner violence, civilian readjustment following deployment, and on the psychology of men and masculinity. His clinical interests include trauma, depression, and anxiety disorders, in addition to relationship functioning and couples therapy. His approach to therapy incorporates a Veteran centered, recovery based, and interpersonally focused approach, incorporating mindfulness based and evidence-based practices. He has completed VA training in Acceptance and Commitment Therapy for Depression (ACT-D), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). He is also a consultant for the national CBT-I training program. Outside of work, he enjoys spending time with friends and family, enjoying his soccer fandom, and exploring the wonders of New England.

Lisa Bloom-Charette, PhD, ABPP

Staff Psychologist and Clinical Gerontology Specialist, Community Living Centers; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine

Doctoral Program:

Clinical Psychology (PhD), Nova Southeastern University

Predoctoral Internship:

Inpatient/Mental Hygiene Tracks, Brockton VA, VA Boston HCS

Postdoctoral Fellowship:

Arbour Geriatrics

Dr. Bloom-Charette is a staff geropsychologist in the Community Living Center and Geriatric Evaluation and Management Unit (GEM). She has been Board Certified in Geropsychology since 2017. She is also on the faculty at the Boston University School of Medicine. Her clinical and research interests include substance abuse in the elderly, effects of covid upon the CLC, , geropsychology training models, life review; and helping staff deal with resident's difficult behaviors using STAR-VA. She is the co-editor of the book, Enhancing the Quality of Life in Advanced Dementia. She enjoys skiing, hiking, kayaking in the White Mountains where she manages an

Airbnb.

Rachelle Calixte, PhD Recovery Services Manager for Peer Support and Mental Health Intensive Case Management (MHICM) Programs; Local Recovery Coordinator
Doctoral Program: Clinical Psychology (PhD), American University
Predoctoral Internship: Connecticut Valley Hospital – Whiting Forensic Institute and River Valley Services
Postdoctoral Fellowship: Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

Dr. Calixte is a clinical psychologist specializing in Veterans' recovery and community reintegration. As the Recovery Services Manager for the Peer Support and Mental Health Intensive Case Management (MHICM) programs, she values providing recovery-oriented services that target recovery in functioning. She also serves as the Local Recovery Coordinator and promotes program development and evidence-based interventions for Veterans with serious mental illness (SMI). She is a faculty member in the Psychosocial Rehabilitation (PSR) and Community Reintegration training programs. Her research and clinical interests include serious mental illness, multicultural frameworks, and reducing barriers to mental and physical health care. She is also an avid fan of all of the Boston sport teams and she routinely schedules her year around playoffs.

Anna Cassel, PhD Staff psychologist, Primary Care Behavioral Health
Doctoral Program: Clinical Psychology (PhD), University of Maine
Predoctoral Internship: Health Psychology Track, VA Maryland Health Care System
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Cassel is supervisor in the Primary Care Behavioral Health program. She specializes in working with pain self-management, diabetes management, insomnia, and other chronic medical conditions. Her approach to therapy includes cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, and biofeedback. Though her free time is often consumed with taking care of her young daughter, Dr. Cassel loves spending time with family & friends, kayaking, spending time outdoors, and traveling.

Gregory Dayton, PhD Staff Psychologist, Compensation & Pension Clinic
Doctoral Program: California School of Professional Psychology-Fresno
Predoctoral internship: University of Texas Health Science Center at Houston Medical School

Dr. Dayton is a staff psychologist conducting Compensation and Pension evaluations (i.e., disability exams) for mental health disorders including PTSD, anxiety, depression, and other conditions claimed to be related to service. Dr. Dayton has worked in the compensation and pension program most of his VA career, although his first VA job- and for nineteen years in the private sector before that- was as an outpatient therapist. Outside of work, he enjoys the outdoors, the arts, travel, and hanging out with his wife, a psychologist he met in graduate school over thirty years ago.

Kristen Dillon, PsyD, ABPP Staff Geropsychologist, Hospice & Palliative Care and Community Living Centers, VISN 1 Geriatric Mental Health Champion
Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: Roger Williams University Consortium
Postdoctoral Fellowship: Geropsychology, VA Bedford HCS

Dr. Dillon's research and clinical interests include anticipatory grief, ambiguous loss, caregiving, bereavement, existential concerns, and older adults with serious mental illness. She is also interested in the impact of death and dying on Veterans and families, including family dynamics and PTSD. She was trained in Meaning Centered Psychotherapy through Memorial Sloan Kettering Cancer Center. She is board certified in Geropsychology through the American Board of Professional Psychology and the VISN 1 Geriatric Mental

Health Champion. In her spare time, Dr. Dillon enjoys spending time with her husband and two daughters, singing, playing the guitar and being around people who make her laugh. She also enjoys hiking and is currently a few hikes away from completing all of NH's 48 mountains over 4000 feet; Learn more about Dr. Dillon's professional interests and about Geropsychology on Instagram [@goldengeropsychgirls](#) and Twitter [@DrDillon_Gero](#)

Patricia Elisnord-Ehiabhi, PsyD Staff Psychologist, Domiciliary Program

Doctoral Program: Clinical Psychology (PsyD), Springfield College
 Predoctoral Internship: Friends Hospital
 Postdoctoral Fellowship: Addictions and Recovery Track VA Bedford HCS

Dr. Patricia Elisnord-Ehiabhi training focuses on diversity, social justice, and addiction recovery. Her clinical experiences include individual and group work with culturally diverse youth, college students, and adults and inpatient and outpatient settings. Her primary research interest examines racial microaggressions and academic setting. Outside of work, she enjoys spending time with her friends and family, traveling, watching Sci-fi movies, camping, and fellowshiping with her church family.

Tracey Gagnon, PhD Staff Psychologist, Pain Section and Primary Care Behavioral Health
 Program Director, Interdisciplinary Pain Outpatient Program
 Technical Assistant, Center for Integrated Healthcare

Doctoral Program: Clinical Psychology (PhD), University of Kentucky
 Predoctoral Internship: VA Northern California HCS
 Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Gagnon is a supervisor in the Primary Care Behavioral Health and Addiction training tracks. Her clinical and research interests are in Integrative and Behavioral Medicine with a specialty in the treatment of chronic pain conditions. Her approach to treatment is integrative, incorporating Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and Biofeedback. Outside of work, she enjoys spending time with her husband and two sons, catching a show at the Boston Opera House, and practicing yoga.

Stephen L. Gresham, PhD Staff psychologist, Mental Health Clinic; Co-Associate Director of Psychology
 Training; Lesbian, Gay, Bisexual, and Transgender (LGBT) Special Emphasis
 Program Manager; Transgender Veteran Liaison
 Doctoral Program: Counseling Psychology (PhD), University of Wisconsin
 Predoctoral Internship: Albany Psychology Internship Consortium
 Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Gresham's clinical interests include working with trauma, sexual orientation and gender identity concerns, as well as mood and anxiety disorders from an integrated perspective. Dr. Gresham is interested in multicultural programming and training, increasing the quality and availability of services to underserved and marginalized populations, and improving the availability of culturally informed providers. Dr. Gresham has a special interest in working with Black/African-American as well as LGBTQ clients. [Learn more about Dr. Gresham's insights on the intersections between yoga, mental health, and antiracism here.](#)

Shehzad Jooma, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Baylor University
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Jooma's research interests center on the psychology of men and masculinity. His clinical interests include trauma, mood disorders, grief and loss, and various forms of anxiety disorders (including PTSD, OCD, and phobias), using interpersonal and emotion-focused frameworks as well as evidence-based treatment models. He is formally trained in Prolonged Exposure, Cognitive Processing therapy, Integrative Behavioral Couples Therapy, and Acceptance and Commitment Therapy for Depression. His clinical background also includes work with children and adolescents. Outside of the VA, he consults with an organization that delivers social services and culturally sensitive support to Muslims in the United States and has recently consulted with international organizations to identify and implement clinical interventions for children and parents in war-torn countries. Interests old and new include chasing around his 1-year-old daughter, yard-saling, instantpotting, and various outdoor activities.

Chivi Kapungu, PhD Staff Psychologist, Mental Health Clinic; Senior Lecturer, M.I.T.
 Departments of Women and Gender Studies and Brain Cognitive Sciences
Doctoral Program: Clinical Psychology (PhD), University of Massachusetts, Boston
Predoctoral Internship: Beth Israel Medical Center (Manhattan, NY)
Postdoctoral Fellowship: Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

Dr. Kapungu currently supervises the Supportive Education for Returning Veterans programs which provides consultation to Historically Black Colleges. She also collaborates with VITAL, a program which provides outreach and support for veterans attending local colleges. Her clinical and research interests include cross-cultural sequelae and recovery from traumatic exposure in humanitarian conflict settings. Adventure travel is a passion, with Vietnam, Bali, Greece, and Zimbabwe (home) being the most memorable and life changing places to visit.

Megan Kelly, PhD Co-Director and Bedford Site Director, VISN 1 New England Mental
 Illness Research, Education, and Clinical Center (VISN 1 New England
 MIRECC); Associate Professor of Psychiatry, University of
 Massachusetts Medical School
Doctoral Program: Clinical Psychology (PhD), University at Albany, State University of New York
Predoctoral Internship: Greater Hartford Clinical Psychology Internship Consortium
Postdoctoral Fellowship: Clinical Research Fellowship, Mood Disorders Research Program, Alpert Medical School of Brown University

Dr. Kelly's current research involves VA- and NIH-funded studies of novel psychosocial and mHealth tobacco cessation interventions for Veterans with mental health disorders. Dr. Kelly is also involved in the research and implementation of organizational change interventions for addressing tobacco use in mental health settings. In addition, Dr. Kelly's research focuses on the development of innovative treatments to improve the community reintegration of Veterans with mental health disorders.

Malissa Kraft, PsyD, ABPP-CN Clinical Neuropsychologist

Doctoral Program: Clinical Psychology (PsyD), Wheaton College
Predoctoral Internship: Neuropsychology Track, VA Bedford HCS
Postdoctoral Fellowship: Neuropsychology/Geropsychology Track, VA Boston HCS

Dr. Kraft oversees inpatient neuropsychology services throughout the hospital. She co-leads a Decision-Making Capacity clinic. She also oversees a tele-neuropsychology clinic serving geriatric veterans throughout New Hampshire and Vermont. Dr. Kraft's clinical and research interests include geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging veterans with dementia. In her free time, she enjoys being with her family and spending time outdoors as much as possible—hiking, running, gardening, and beekeeping.

Stacey Larson, PsyD, JD Staff Psychologist, Compensation & Pension Program

Doctoral Program: Clinical/Forensic Focus (PsyD), Widener University – Institute for Graduate Clinical Psychology; Widener University – Delaware Law School (JD)
 Predoctoral Internship: Keystone Center (Chester, PA); Intake and Assessment Unit, Delaware Department of Child Mental Health,
 Postdoctoral Fellowship: N/A

Dr. Larson is a staff psychologist providing Compensation and Pension (disability benefits) evaluations with military veterans when veterans claim mental disorders related to their military service. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. She is also interested in the intersection of law and psychology (HIPAA, informed consent, competency), ethical issues, and risk assessment.

Jonathan Lee, PhD Staff Psychologist and Clinical Lead, Tobacco Cessation Program

Doctoral Program: Clinical Psychology (PhD), Suffolk University
 Predoctoral Internship: Los Angeles Ambulatory Care Center, VA Greater Los Angeles HCS
 Postdoctoral Fellowship: Clinical Research Fellow, Dr. John JB Morgan Foundation, Family Institute/Northwestern University

Dr. Lee is a staff psychologist and Clinical Lead for Bedford's Tobacco Cessation Program. His background is in cognitive Behavioral therapy with emphasis on mindfulness and acceptance-based principles. His clinical and research interests are in understanding tobacco use and cessation, transdiagnostic processes, and mechanisms of treatment. He also has a growing interest in bread baking and enjoys baking artisanal breads.

Melanie Manning, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Antioch University New England
 Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
 Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Manning is a staff psychologist in the Mental Health Clinic. She has also worked in community based mental health and college counseling. Her clinical interests include treatment of trauma, substance use, depression, and interpersonal difficulties. She is formally trained in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Substance Use Disorders and Cognitive Behavioral Therapy for Depression. Dr. Manning's approach to treatment includes Cognitive Behavioral Therapy combined with Family Systems Therapy. Outside of work, she enjoys spending time with her husband and dog, eating Italian food, and catching up on true crime documentaries.

Lisa Mueller, PhD, CPRP Clinical Director, Compensated Work Therapy Program; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
 Doctoral Program: Counseling Psychology (PhD), Fordham University

Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	N/A

Dr. Mueller is the Clinical Director of the Compensated Work Therapy Program and a researcher for the New England Mental Illness Research, Education, and Clinical Center (MIRECC). Her clinical and research interests include psychosocial rehabilitation (specifically vocational rehabilitation) for veterans with dual diagnoses and serious mental illness, in addition to systems change and multicultural awareness, knowledge, and skills.

Tu Anh Ngo, PhD, MPH	Director of Integrative Pain Management; Chair, VISN 1 Pain Council; Acting Clinical Director, Whole Health Program
Doctoral Program:	Clinical – Health Psychology (PhD), University of Rhode Island
Predoctoral Internship:	Behavioral Medicine/Integrated Primary Care, University of Massachusetts Memorial Medical Center
Postdoctoral Fellowship:	Behavioral Medicine, Cambridge Health Alliance; Pain Medicine, Spaulding Rehabilitation/MGH; Mental Health Clinic/Primary Care Behavioral Health, VA Bedford HCS

Dr. Ngo is the Director of Integrative Pain Management at Bedford and the Chair for the VISN Pain Council. She is a health psychologist with a specialty in chronic pain and integrated primary care. She has an integrative clinical approach, particularly in mindfulness-based therapies, CBT, and biofeedback for the treatment of chronic disease and health behaviors. She also has interests in complementary and integrative health and is currently the Acting Clinical Director overseeing the implementation of Whole Health at Bedford.

Maureen K. O'Connor, PsyD, ABPP-CN	Director of Neuropsychology Service; Associate Professor, Department of Neurology, Boston University School of Medicine; Assistant Director, Boston University Alzheimer's Disease Education Core; Investigator, The Center for Translational Cognitive Neuroscience
Doctoral Program:	Clinical Psychology (PsyD), Indiana University of Pennsylvania
Predoctoral Internship:	Neuropsychology Track, Department of Psychology, Yale University School of Medicine
Postdoctoral Fellowship:	New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center, Cornell Weil Medical College

Dr. O'Connor is the Director of the Neuropsychology Service at the VA Bedford HCS. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Assistant Director of the Boston University Alzheimer's Disease Center Education Core. She is also an investigator in The Center for Translational Cognitive Neuroscience. Dr. O'Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult veterans. Dr. O'Connor's funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members

Andrew Peckham, PhD	Clinical Psychologist, Compensated Work Therapy Program, Suicide Prevention Team, and Community Recovery Connections Team; Co-Director, Interprofessional Fellowship in Psychosocial Rehabilitation; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Doctoral Program:	Clinical Science (PhD), University of California, Berkeley
Predoctoral Internship:	McLean Hospital/Harvard Medical School (Adult Track)
Postdoctoral Fellowship:	McLean Hospital, Behavioral Health Partial Hospital Program & NIH NRSA Fellowship

Dr. Peckham is a clinical psychologist providing evidence-based, recovery-oriented treatment primarily within the Compensated Work Therapy program. As a member of the Suicide Prevention team, he provides clinical

services to Veterans at risk for suicide as well as conducting training and education about suicide prevention to Veterans, staff, and community members. Through the Peer Services program, Dr. Peckham also works with the Community Recovery Connections Team. He is the Co-Director of the Interprofessional Fellowship in Psychosocial Rehabilitation and supervises students in the delivery of recovery-oriented care for Veterans with serious mental illness. Dr. Peckham's clinical and research interests include psychosocial treatments for bipolar disorder, transdiagnostic interventions for impulsive behavior, and treatment of behavioral addictions. Outside of work, he is usually chasing his energetic toddler or reading nonfiction books about space.

Maura E. Pellowe, PhD	Chief, Psychology Service; Local Evidence-Based Psychotherapy Coordinator
Doctoral Program:	Clinical Psychology (PhD), University of Wyoming
Predoctoral Internship:	White River Junction VA Medical Center
Postdoctoral Fellowship:	N/A

Dr. Pellowe is the Chief of Psychology. She also serves as the facility Evidence Based Psychotherapy Coordinator. Her interests include assessment, diagnosis, and evidence-based treatments of PTSD. She is a VA National Consultant for Prolonged Exposure therapy and provides clinical supervision to VA clinicians around the country. She also provides Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Insomnia, among other psychotherapies.

Lisa Richards, PsyD	Staff Psychologist, Compensation & Pension Program
Doctoral Program:	Clinical Psychology (PsyD), University of Denver School of Professional Psychology
Predoctoral Internship:	Rocky Mountain Regional VA Medical Center
Postdoctoral Fellowship:	N/A

Dr. Richards is a staff psychologist providing Compensation and Pension disability examinations in the service-connection process for veterans. Compensation evaluations involve providing examinations that consider all types of mental health disorders within the framework of disability claims. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. Her passions include exploring the wonder of New England with her husband and dogs, gardening, and humor writing (The Woman Who Is Always Tan and Has A Flat Stomach and Other Annoying People).

Garret Sacco, PhD	Staff Psychologist, Mental Health Clinic; Co-Director of the Behavioral Addictions Program; Co-Chair of the Disruptive Behavior Committee
Doctoral Program:	Clinical Science (PhD), University of Delaware
Predoctoral Internship:	Primary Care Behavioral Health Track, VA Bedford HCS
Postdoctoral Fellowship:	IPMH - Community Intervention, VA Bedford HCS

Dr. Sacco is a staff psychologist in the Mental Health Clinic (MHC). He has also worked in community based mental health, psycho-oncology, college counseling, primary care behavioral health, and behavioral addiction clinics. His clinical interests include treatment of depression, anxiety, and trauma. Dr. Sacco is trained in a variety of treatments which address mood disorders, anxiety, insomnia, borderline personality disorder, chronic pain, and behavioral addictions. Dr. Sacco's approach to treatment includes cognitive behavioral, exposure-, and acceptance-based therapies. He serves as a supervisor in the MHC and behavioral addictions clinic and a facilitator of the year-long CBT-I training seminar. Outside of work, he enjoys spending time with his family, listening to and playing music, and watching movies. He is always looking for travel recommendations.

Jasbir Sandhu, PsyD

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: Kansas City VAMC
Postdoctoral Fellowship: Phoenix VAHCS

Dr. Sandhu is a staff psychologist in the Mental Health Clinic. He provides individual, and group psychotherapy. Clinically his areas of interest include anxiety related disorders, trauma, and existential dread. He practices from an integrative perspective, primarily utilizing third-wave cognitive behavioral therapies, augmented with strength-based approaches. He is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. He additionally has interest areas in program and process development projects. When not at work he can usually be found exploring the outdoors with his four-legged adventure buddy Ophelia. He has a great fondness for all things homemade, most recently seltzer.

Eli Spector, PsyD

Doctoral Program: Massachusetts School of Professional Psychology (William James College)
Predoctoral Internship: Walter Reed National Military Medical Center, US Army
Postdoctoral Residency: Walter Reed National Military Medical Center, US Army

Dr. Spector is a psychologist in the Mental Health Clinic. His approach to therapy includes Cognitive Behavioral Therapy, and Evidence Based Psychotherapy for PTSD. While on active duty in the US Army he was trained in CPT, PE, and EMDR. He currently is a Behavioral Health Officer in the Massachusetts Army National Guard. In his free time, he enjoys spending time with his family.

Brian Stevenson, PhD

Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC); Psychology Co-chair, Interprofessional Fellowship in Psychosocial Rehabilitation; Assistant Professor of Psychiatry, Boston University School of Medicine; Adjunct Instructor of Counseling Psychology, Boston College
Doctoral Program: Counseling Psychology Emphasis (PhD), Counseling, Clinical, and School Psychology Program, University of California, Santa Barbara
Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship: N/A

Dr. Stevenson is a clinical research psychologist for the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC) as well as psychology co-chair for the Psychosocial Rehabilitation (PSR) Fellowship. [His clinical and research work](#) focuses on improving vocational outcomes of Veterans with psychiatric disorders by improving and developing vocational counseling interventions. He provides clinical services through the Program for Outpatient Wellness, Engagement, and Recovery (POWER), as well as the Vocational Evaluation Center (VEC). He is Assistant Professor of Psychiatry for Boston University School of Medicine as well as an Adjunct Instructor of Counseling Psychology for Boston College. Outside of work, he enjoys drawing/graphic design, film editing, watching documentaries, and spending time outdoors with his two rambunctious sons.

Sara K. Sullivan, PhD

Clinical Neuropsychologist, Neuropsychology Service
Doctoral Program: Clinical Psychology (PhD), Binghamton University
Predoctoral Internship: Neuropsychology Track, Center Central Arkansas Veterans HCS
Postdoctoral Fellowship: Neuropsychology, VA Bedford HCS

Dr. Sullivan is a clinical neuropsychologist working within the Neuropsychology Service. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological/neuropsychiatric conditions, cognitive processes affected by emotions and modifiable

lifestyle factors, and the effects of symptom attribution on functional abilities.

Lisa Taylor, PsyD Clinical Psychologist, Home-Based Primary Care and Community Living Centers
Doctoral Program: Clinical Psychology (PsyD), Nova Southeastern University
Predoctoral Internship: Geropsychology Track, VA Northeast Ohio HCS (Louis Stokes/Cleveland VA Medical Center)
Postdoctoral Fellowship: Geropsychology, VA Bedford HCS

Dr. Taylor is a clinical psychologist in Home-Based Primary Care (HBPC), and the Community Living Centers (CLC) which includes three Dementia Care Units (DCU) and a Geriatric Psychiatric Unit (GPU). Her clinical interests include Geropsychology, behavioral health, working on interdisciplinary teams, and utilizing evidence-based treatments including STAR-VA. She liked unicorns before they were cool and enjoys spending time with her daughter and rescue dog.

Roni Tevet, PhD Staff Psychologist, Mental Health Clinic; Co-Associate Director of Psychology Training
Doctoral Program: Clinical Psychology (PhD), Suffolk University
Predoctoral Internship: Addictions Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH - Interprofessional Education & Program Development, VA Bedford HCS

Dr. Tevet is a staff clinical psychologist in the Mental Health Clinic part of the Veterans Integration to Academic Leadership (VITAL) team working with students Veteran. She provides individual, couples, and group psychotherapy, drawing from an integrative perspective, using CBT and humanistic approaches. Her clinical interests focused on working with Veterans who struggle with the impact of trauma, depression, anxiety, interpersonal difficulties, and substance use. She is interested in helping Veterans identify and achieve their goals using their strengths. Dr. Tevet is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. Outside of work, she enjoys spending time with her family outdoors as much as possible, reading, and art and traveling.

Amanda Hanrahan Veith, PhD Staff Psychologist, Acute Inpatient Psychology Unit
Doctoral Program: Clinical Psychology (PhD), Duke University
Predoctoral Internship: Georgetown University Child Development Center
Postdoctoral Fellowship: Counseling Services of Katy

Dr. Veith is a staff psychologist on the acute inpatient psychology unit with specialty areas in group and individual. Her interests include cognitive behavior therapy, positive psychology, motivational interviewing, PTSD, suicidology, whole health, and program development. She has experience working in acute inpatient settings, residential treatment settings, and outpatient clinic settings. She enjoys creative writing, theater, and the ocean.

Matthew Wachen, PhD Staff Psychologist, Home-Based Primary Care
Doctoral Program: Clinical Psychology (PhD), University of Connecticut
Predoctoral Internship: Greater Hartford Clinical Psychology Internship Consortium
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Wachen is a staff psychologist in Home-Based Primary Care. His interests include Geropsychology, the integration of mental health and primary care, and the management of chronic disease and maladaptive behaviors with cognitive behavioral therapy and mindfulness-based techniques. He has somehow remained devoted to the Baltimore Orioles.

Sedale Williams, PsyD

Staff Psychologist, Mental Health Clinic

Doctoral Program:

Counseling Psychology (PsyD), Springfield College

Predoctoral Internship:

Counseling & Psychological Services, Stanford University

Postdoctoral Fellowship:

IPMH - Interprofessional Education & Program Development, VA Bedford HCS

Dr. Williams is a counseling psychologist who graduated from Springfield College in December 2020. He completed his Pre-Doctoral Internship at Stanford University Counseling & Psychological Services (CAPS) where he provided individual therapy, group therapy, and outreach for undergraduate and graduate students. He also has a BA in psychology from Westfield State University and an MSW from the University of Connecticut. Dr. Williams completed his Postdoctoral Resident at Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts in 2021 where he was on the Interprofessional Mental Health -- Education & Program Development track.



Trainees for the Past Ten Years

2021-2022

University of Maryland	PhD	Clinical Psychology
University of Minnesota	PhD	Counseling Psychology
University of Massachusetts/Boston (2)	PhD	Clinical Psychology
University of Massachusetts/Boston	PhD	Counseling Psychology
William James College	PsyD	Clinical Psychology
Loyola University	PsyD	Clinical Psychology
University of Tulsa	PhD	Clinical Psychology

2020-2021

Clark University	PhD	Clinical Psychology
Antioch New England University	PsyD	Clinical Psychology
Wright Institute	PsyD	Clinical Psychology
Springfield College	PsyD	Counseling Psychology
University of Wyoming	PhD	Clinical Psychology
Long Island University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
American University	PhD	Clinical Psychology

2019-2020

University of San Francisco	PsyD	Clinical Psychology
Northeastern University	PhD	Counseling Psychology
Boston University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
University of San Francisco	PsyD	Clinical Psychology
Antioch New England University	PsyD	Clinical Psychology
Palo Alto University	PsyD	Clinical Psychology
Marywood University	PsyD	Clinical Psychology

2018-2019

Florida School of Prof Psychology	PsyD	Clinical Psychology
SUNY/Albany	PhD	Counseling Psychology
Nova Southeastern University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Fuller Theological Seminary	PhD	Clinical Psychology
Chicago School of Prof Psychology	PsyD	Clinical Psychology
Antioch New England University	PsyD	Clinical Psychology

2017-2018

Pepperdine University	PsyD	Clinical Psychology
SUNY – Albany	PhD	Counseling Psychology
Antioch New England	PsyD	Clinical Psychology
Pacific Graduate School of Prof Psy	PsyD	Clinical Psychology

Boston College	PhD	Counseling Psychology
University of Delaware	PhD	Clinical Psychology
Fordham University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
2016-2017		
Suffolk University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
University of Massachusetts/Boston	PhD	Clinical Psychology
Clark University	PhD	Clinical Psychology
SUNY – Albany	PhD	Clinical Psychology
University of Illinois/Chicago	PhD	Clinical Psychology
SUNY – Binghamton	PhD	Clinical Psychology
2015-2016		
University of California/Santa Barbara	PhD	Combined: Clinical-Counseling-School
Wayne State University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
Alliant University/San Francisco	PsyD	Clinical Psychology
University of La Verne	PsyD	Clinical Psychology
2014-2015		
Alliant School Prof Psy/San Francisco	PhD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
SUNY/Buffalo	PhD	Clinical Psychology
University of Minnesota	PhD	Clinical Psychology
University of Notre Dame	PhD	Clinical Psychology
University of Rhode Island	PhD	Clinical Psychology
Wright Institute	PhD	Clinical Psychology
2013-2014		
Antioch New England	PsyD	Clinical Psychology
Mass School of Prof Psychology	PsyD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
Pacific University	PhD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
University of Missouri, Columbia	PhD	Clinical Psychology
2012-2013		
Baylor University	PsyD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
SUNY/Binghamton	PhD	Clinical Psychology
SUNY/Buffalo	PhD	Counseling Psychology
University of Montana	PhD	Clinical Psychology
Yeshiva University	PsyD	Clinical Psychology

Additional Information on Program Policies and Procedures

THE FEEDBACK PROCESS: INTERNS & SUPERVISORS

The training program at Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our students. Toward this end, the training committee has developed several mechanisms to help ensure that these objectives are met. In addition, the program has worked to make providing feedback (both to and from students) something that is built into the culture of the training program.

During each of the formal evaluation periods, interns and their supervisors have a designated period set aside to specifically review together the intern's performance to date as well as the dyad's work together in the supervision. That is, both the intern's performance (as summarized in the general competency evaluation form completed by the supervisor) as well as the intern's experience of the supervision (as summarized in an evaluation form completed by the intern of both strengths and areas of possible modification or improvement with regard to the supervision) is reviewed during this feedback process.

To best facilitate this conversation and review between intern and supervisor, a week is designated as "evaluation and feedback week," and during this time the review and feedback process is the priority. These review meetings should occur during regularly scheduled weekly or biweekly supervision. In instances where the intern meets with a supervisor on a biweekly basis and the evaluation week falls on an off-cycle week, the following week will serve as the "evaluation and feedback week." The review/feedback process may reasonably fill the entire hour, and supervisors as well as interns are encouraged to use this protected time to freely share and explore each individual's experiences to date. Clinical material may also be addressed in this meeting, following the complete review/feedback process; however, in no instance should clinical material supersede this feedback process. Should pressing clinical material need to be addressed, the supervisor and intern should best set up an additional meeting to engage clinical supervision. Strict adherence to this protocol will ensure that interns have the opportunity to receive timely and detailed feedback as well as ensure that supervisors will similarly be given an opportunity to receive relevant feedback.

INTERN DEVELOPMENT AND PROFESSIONAL FUNCTIONING

As a training program, we are committed to facilitating each intern's professional development across the range of areas of professional functioning. Regarding internship training, there is an equal focus on clinical training involving the areas of evaluation, assessment, and intervention as well as functioning competently in all relevant aspects of professional functioning.

The Council of Chairs of Training Councils (CCTC) of APA has developed a policy that specifically addresses the need for professional psychologists to "demonstrate competency within and across a number of different but interrelated dimensions", stating that training faculty has a "duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development and functioning". The policy goes on to state "in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical and ethical) will also be evaluated". The internship training program sees the merit in this position and has adopted this model policy as an additional means of ensuring student professional development and enhancing student self-awareness. The implementation of such evaluation processes will allow for the identification of student strengths as well as areas of improvement, and if needed, to assist in the development of remediation plans for the student.

The CCTC policy lists some of the key areas where such professional competency should be demonstrated and necessarily evaluated by training staff as the following:

- a) interpersonal and professional competence
- b) self-awareness, self-reflection, and self-evaluation
- c) openness to processes of supervision
- d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner

The psychology training program uses the vehicle of supervision, which involves supervisor/student interactions as well as the direct observations of student behavior and clinical functioning (either live or recorded) to monitor the above areas of professional functioning. Relevant items on periodic written evaluation forms are the means to routinely document the student's general level of competency in these areas.

It is important to emphasize that the psychology training program values and respects each student's uniqueness and right to personal privacy. The above-stated policy is not intended as a justification to pursue or address areas of personal functioning that do not relate to or impact upon professional functioning or training within the internship program. Consequently, relevant behavior or issues typically would be those observed within the context of the student's work and professional interactions. However, the CCTC policy notes that the exceptions to this general rule would occur when the student's outside conduct "clearly and demonstrably a) impacts the performance, development, or functioning of the student-trainee, b) raises questions of an ethical nature, c) represents a risk to public safety, or d) damages the representation of psychology to the profession or public". In such cases, "the program may review such conduct within the context of the program's evaluation processes."

As any training or professional issue either arises or becomes apparent, the training program will first provide feedback and engage the student in an open dialogue about the issue at hand. Such conversations with the student are designed to heighten awareness of the issue at hand and help the student determine how best to address or resolve the relevant issue. Should the behavior in question persist or be of a significant magnitude of importance, the student's preceptor and/or the director of training will document the behavior at issue. At this point, the training committee's procedure for responding to issues in need of remediation, fully described in a subsequent section on Intern Deficiencies, will be implemented. The purpose of implementing a clear protocol is to allow the student maximal opportunity to effectively resolve the situation, while best utilizing ongoing staff monitoring and feedback regarding the issue. Due process policies and procedures are always available to the student should they so choose, and these are fully described below within the section Grievance Procedures.

PROGRAM EVALUATION

The internship program utilizes various formal and informal mechanisms to ensure that training objectives are met, both with regard to the individual intern and for the program as a whole. In actuality, the ongoing multifaceted monitoring of each interns' progress throughout the internship year provides the ground and primary basis for the program's overall evaluation and modification, and when necessary, reconceptualizing the functionality of particular programmatic training activities and protocol.

As noted earlier, formal evaluations are completed by each clinical supervisor at 4-, 8- and 12-month periods. These evaluations (and their review with each supervisor) serve as a basis for discussion of progress and training objectives. Particularly relevant in this program evaluation process are the interns' formal evaluations of the program and of their individual supervisors, which are also completed at 4-, 8- and 12-month periods. Specifically, each intern completes written evaluations of each of his/her

supervisors as well as a series of other evaluation forms that cover the scope of the internship training program (i.e., clinical rotations, seminars/didactics, group supervisions, and the internship generally).

This entire feedback process between interns and supervisors allows for the program to identify and review relevant programmatic components, including issues related to overall structure as well as specific details. In addition, several formal meeting contexts provide another means to specifically examine questions and issues related to the functioning of the training program. Consequently, program review and modification processes can occur through one or more of the following channels of interaction and formal communication regarding the training program:

- 1 The training directorate meets weekly to discuss and review all aspects of the program, including intern-provided feedback (both formal and informal). This meeting continuity allows for the director and co-directors to continually explore and deepen their understanding of the program, its aims and intern overall experience, providing the training directorate an opportunity to continually refine the program.
- 2 The training directorate meets with each small group of training psychologists (affiliated with a rotation or training context) once or twice over the course of the year. These meetings provide an in-depth opportunity to explore the structure and unique issues relevant to each of the program's rotations and training contexts. Also, the training directorate meets with the intern, preceptor and/or rotation supervisor(s), as needed, to address and explore issues as they arise.
- 3 Retreats with all the training supervisors occur periodically. These retreats provide an in-depth opportunity for all training supervisors to receive presentations and to participate in an extended dialogue regarding key elements or changes regarding the program's structure or philosophical framework.
- 4 In addition to the intern's work with their preceptor, individual meetings between the training director or one of the co-directors with an intern occur as needed or whenever requested by the intern. The training directors value being available to interns whenever an administrative, professional/ ethical, clinical or program-related issue may arise.

When significant programmatic changes are entertained, there is always a bi-directional interaction process between training staff and Interns. In essence, each group serves the function of providing corrective feedback to the other. Consequently, any change entertained by the training directorate is typically presented to the interns for feedback and suggestions for possible revisions, and vice versa. This process also works very well regarding the early stage of idea generation, prior to any actual proposed change. For example, either group may determine some aspect of the training program, or lack thereof, to be in question. In this case, one group may simply request from the other a consideration of the present issue and a potential action plan to address it.

PROBLEM IDENTIFICATION AND RESOLUTION

Grievance Procedure

Three procedures for addressing grievances are available to interns -- an internal grievance procedure designed specifically for the training program, hospital wide procedures involving a mediation program, and a formal grievance process. The internal grievance procedure is as follows:

When possible, an intern with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the intern should contact his/her preceptor or the training director. If the non-resolved grievance is against the preceptor (or one of the two associate directors of training), the intern will go directly to the training director. If the non-resolved grievance is against the training director, the intern will go directly to either his/her preceptor or the chief of the Psychology Service.

Subsequently, either the preceptor or training director will convene a meeting with the persons involved to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone's satisfaction, the director of training and the two associate directors, in consultation with the chief of the service, will review the details of the situation and make a determination about how best to proceed.

At each step of the process, the goal of the training directorate is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the intern's training context and supervisory assignments. Should such resolutions not satisfy the intern's concerns, the hospital's mediation program as well as the formal grievance procedure, available to all employees, offers other avenues for interns to address conflicts or grievances. The hospital grievance procedure is also provided to interns during the orientation period and would be a more appropriate avenue if the grievance were against the chief of psychology.

Staff Standards

All staff are required to abide by the highest ethical standards and any staff behavior that reasonably raises questions about adherence to such standards (including but not limited to boundary violations, dual roles, etc.) and that impacts psychology trainees should be brought to the attention of the training director (or to the chief of psychology if the behavior at issue involves the training director). As appropriate, the procedures outlined above under internal grievance procedure shall be followed to review and act upon this information.

Intern Deficiencies

The following procedures will be followed in advising and assisting interns who are not performing at an expected competency level regarding clinical skills and professional behavior.

At any time during the training year, if evaluation of an intern by one or more of his/her supervisors indicates that the intern is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the intern as rapidly as possible of any difficulties. Interns are also encouraged to actively seek feedback on an ongoing basis.

It is expected that relatively minor deficiencies will initially be addressed informally by the intern's preceptor or other supervisors. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols described below will be implemented, starting with a written remediation plan.

The preceptor and other supervisors assigned to the intern jointly discuss the current situation and decide upon what professional area(s) is at issue. A written remediation plan, outlining current deficits along with expected target behaviors, is prepared, signed by the intern, all supervisors, and the director of training. This signed copy is added to the intern's training file.

Monitoring and monthly review will be the responsibility of the preceptor and supervisor(s). The training director will be consulted as needed and will be periodically updated about the intern's performance. Updated signed remediation plans, documenting improvement, and ongoing deficits, are completed on a monthly basis and added to the intern's training file

Changes may be necessary in the intern's activities or rotations to continue progress toward objectives. Such changes will be made in consultation with the training director. If significant changes to the intern's activities are recommended, these will be communicated to the intern's graduate director of clinical training by the internship training director.

Monthly written summaries will be provided to the intern. When the intern has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the intern fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

Recommendation for probation, approved by the training directorate, is the first step towards removing the intern from the training program. Once the intern is placed on probation, the intern's graduate program is notified of this decision. Following notification of being placed on probation, the intern will have no less than one month to significantly improve the behavior(s) at issue. After this time, the training directorate will review any changes in the intern's performance over the past month.

If some improvement (but less than full resolution of the deficits) in performance is noted by the intern's supervisors, the supervisory team and the training directorate may continue monthly reviews of the intern's progress. However, if at any point it is determined that the intern's performance has fallen to the level of what initially prompted probation, the program will move to have the intern removed from the internship.

If it is the consensus of the intern's supervisory team and the three-person training directorate that an intern should be removed from the program, a specific and detailed set of recommendations will be communicated by the training director to the intern and the graduate program. These recommendations will serve to guide the intern towards remediation of his or her deficits in future training elsewhere.

The intern being removed from the program may appeal this decision by submitting a detailed response to the recommendations of the committee. The training director will establish a review panel, comprising the chief of psychology and two other hospital staff members. The composition of this panel is at the discretion of the chief of psychology with the exception that no one involved in the original action shall be on the panel. Legal representation from the VA District Counsel Office shall be available to consult with the panel concerning due process issues. The training director shall present the position of the training program; and the intern, together with any counsel he or she may choose, shall present the appeal. The training committee shall abide by the panel's judgment if it recommends continuation of training. The intern and his or her supervisor, along with the intern's preceptor and training director, will then develop a training plan for the rest of the year.

Professional Standards for Interns

It is expected that all interns will abide by appropriate standards of professional and ethical behavior in all interactions and activities. Problematic, unethical, or illegal conduct by an intern should be brought to the attention of the training director. Any person who observes such behavior, or reasonably questions that such behavior has occurred, whether staff or intern, has the responsibility to report the incident.

1. Incidents of a very minor nature may be dealt with by the training director, the preceptor, and the intern. Such incidents may be documented at the discretion of the training directorate. If the incident is determined to involve a particularly problematic behavior or otherwise constitute an illegal or

unethical action, a written record is made of this complaint and action. All written records become a permanent part of the intern's file.

2. Any such particularly problematic or illegal/unethical behavior, or multiple minor infractions, must be reviewed by the training directorate. After a careful review of the case, the training directorate will recommend either probation or dismissal of the intern. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the intern's appointment.